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ABSTRACT

This monograph examines ways in which state level policies have facilitated the orderly planning and delivery of transition services for youth with serious emotional disorders. It describes the categories of policies (legislative acts and interagency agreements) and analyzes six categories of policy content. Nine components necessary in a comprehensive transition policy that supports the needs of youth with serious emotional disabilities are discussed. The final section of the monograph contains a summary of the transition policies collected from 17 states and presents copies of the policy documents. States included are Alabama, Alaska, Arizona, California, Colorado, Delaware, Illinois, Kansas, Maine, Maryland, Massachusetts, Minnesota, New York, Ohio, South Carolina, Tennessee, and Washington. For each state, the monograph describes relevant policies, parties involved, purpose, process, relevance to children with emotional disabilities, and contact person. (12 references) (JDD)

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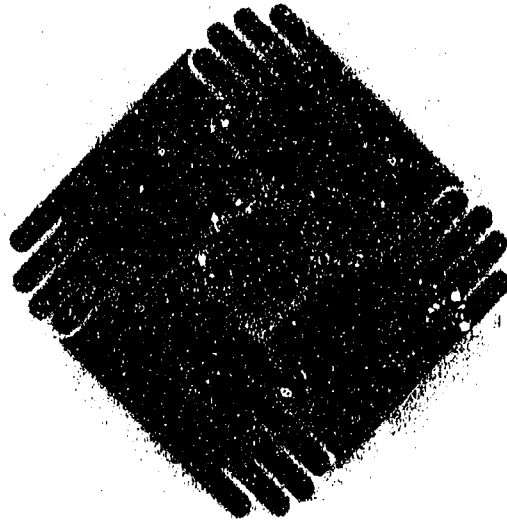
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TRANSITION POLICIES AFFECTING SERVICES TO YOUTH WITH SERIOUS EMOTIONAL DISABILITIES



Youth in Transition Project
Research and Training Center on Family Support
and Children's Mental Health
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**TRANSITION POLICIES AFFECTING SERVICES TO YOUTH
WITH SERIOUS EMOTIONAL DISABILITIES**

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TRANSITION POLICIES AFFECTING SERVICES TO YOUTH WITH SERIOUS EMOTIONAL DISTURBANCES

INTRODUCTION

Over the past 15 years major progress has been made in gaining access to mainstream services for children with disabilities. Access to a free and appropriate education for all children with disabilities was achieved after legislation was passed in most states and then at the federal level (Public Law 94-142) mandating that schools provide educational services to all youth (Rusch & Phelps, 1987). Legal access to education was followed by access to vocational training and employment services through additional significant and far reaching federal legislation (Public Law 98-527 and Public Law 98-524). Despite the efforts of policymakers, professionals and advocacy groups, however, youth with disabilities still face major economic and lifestyle barriers as they make the transition from childhood and child-focused services into adult roles.

As efforts to smooth the transition from childhood to adulthood are developed, the role that state level policy can play in improving transition services should not be underestimated. As Johnson, Bruininks and Thurlow (1987) suggest, federal policy has set a general course of action, painted in broad strokes. State policy can reaffirm this general course of action and also answer specific questions about the mechanisms unique to the state that will support implementation of appropriate transition services for all children with disabilities. In this paper, transition services for children with serious emotional disorders are examined, with an emphasis on state level policy.

The national movement that has increased public awareness of transition issues has only partially met the needs of youth with serious emotional disturbances. Children with emotional disorders represent a small portion of students with disabilities in the educational system, comprising less than nine percent of those served in special education (U.S. Department of Education, 1988, pg 9). Within schools, these children may be inconsistently assessed as having behavior disorders or learning disabilities as well as having emotional disabilities. Since they may have more than one disability that affects learning, they suffer because multiple labels are not acknowledged. Many children with serious emotional disorders are not in the school system at all because they have dropped out, been expelled, or are living in a residential facility or psychiatric hospital. For some parents and professionals, the hope of an eventual cure delays planning for the transition into adult life.

The purpose of this monograph is to examine the ways in which state level policies (i.e. formal action taken at the state level) have facilitated the orderly planning and delivery of transition services for youth with serious emotional disorders. For the most part, state level policies have been heavily influenced by federal policy. Three public laws are useful as background to this document. Public Law 98-199, *The Education of the Handicapped Act Amendments of 1983* provides for secondary education and transition services for youth with disabilities between the ages of twelve and twenty-two. Public Law 98-527, *The Developmental Disabilities Act of 1984*, adds employment related activities as a new priority service for agencies administering developmental disabilities funds. Public Law 98-524, *The Vocational Act of 1984* or *Carl D. Perkins Vocational Education Act* mandates that students with disabilities and their parents be informed of vocational education opportunities available in school one year prior to the provision of vocational education services or

by the ninth grade. It also assures that students with disabilities have equal access to services through vocational education (Idaho Department of Education, 1986). Some states provided transition oriented services prior to 1983, and a few had interagency agreements or state legislation prior to the passage of federal legislation. Most state legislation, however, is in response to the mandate of federal law.

APPROACH

We began our search for written transition policies by calling the staff person responsible for children's mental health services in each state. This individual sometimes provided the information and sometimes referred us to another state department. State personnel were asked to send a copy of written policy for analysis, from which we prepared a summary that was returned to the state contact person for review and comment during the summer of 1988.

While almost all states responded, either sending a copy of the policy or informing us that no policy existed, it is possible that some policies may have been overlooked. As this survey was an attempt to gather examples of state transition policies, no consistent follow-up procedures were implemented when states did not respond to our initial contact or when the information provided was judged inappropriate for inclusion in this document.

The policies discussed here represent a broad range of policy products and a variety of worthwhile ideas for planning transition services. Policies that directly address transition planning and services for youth are included as well as a sampling of more general policies aimed at improving specific aspects of the children's mental health systems.

The first part of this monograph identifies the states included in the sample, describes the categories of policies that have been identified and the way in which each category supports transition planning for youth with serious emotional disabilities. The first four categories address the issue of transition directly. The last two describe state level policies that do not address transition directly but have been used as a vehicle for ensuring transition planning. Part II discusses the nine components necessary for a comprehensive transition policy that supports the needs of youth with serious emotional disabilities. Part III contains a summary of the transition policies collected from seventeen states and copies of the policy documents.

**PART I
TYPES OF STATE LEVEL POLICIES**

The state level policies reviewed for this study are categorized at two levels. First, policies are categorized as either legislative acts or interagency agreements. We identified four states with interagency agreements only, eight states with legislation only, and five states that have both legislation and interagency agreements related to transition issues. Table 1 displays this information.

**Table 1
Types of Transition Policies Found**

State	Legislative Acts	Interagency Agreement
Alabama		X
Alaska		X
Arizona		X
California	X	
Colorado		X
Delaware	X	
Illinois	X	
Kansas	X	
Maine	X	
Maryland	X	X
Massachusetts	X	X
Minnesota	X	X
New York	X	
Ohio	X	X
South Carolina	X	
Tennessee	X	
Washington	X	X

The second level of categorization divides the policies reviewed according to the content of the document or the way in which it approached the issue of transition. Six different categories of documents were identified and each will be discussed in turn. Table 2 identifies the six categories and lists the names of several states whose policies exemplify the category.

Table 2
Categories of Policy Content

Category	Examples
Directly Addresses Transition Planning	
Policies Requiring Transition Planning for All Children with Disabilities	Maryland, Colorado, Kansas, New York
Policies Creating a Separate Entity at the State level for Coordination of Transition Services Across Divisions	Maine, Massachusetts Minnesota
Policies Requiring Interdepartmental Cooperation to Prepare a State Plan on Transition	Illinois, Washington
Policies Establishing Programs to Provide Transition Services Directly	Delaware
Supportive to Transition Planning	
Policies Providing for Interagency Coordination About the Needs of Children in General	Ohio, Massachusetts Alaska, Arizona Tennessee
Policies Establishing a Comprehensive System of Mental Health Services for Children	California South Carolina

Policies Requiring Transition Planning For All Children With Disabilities.

The most frequently identified state level policies defined a planning process for the transition of children with disabilities through the use of the an Individualized Educational Program (IEP) or a similar mechanism at the local level. These policies generally were developed as a result of Public Law 98-199 (1983) and most often exist as legislation. Examples of such policies are found in Maryland, Colorado, Kansas and New York.

The Maryland legislation requires local representatives of three divisions within the Department of Education to work cooperatively to develop and implement transition plans for each child with a disability. Considerable emphasis is placed on preparing and transitioning youth into supported employment opportunities. The

transition legislation is augmented by three interagency agreements that include other departments in the development and use of supported work opportunities.

Colorado's Inter-Agency Transition Policy addresses youth transitions from school to adult life. This transition planning process is a part of the IEP process and is initiated by the local schools. Each community is responsible to develop a local coalition of agencies and establish local interagency agreements to support the transition plans of individual youth. The process is available to any child with a disability and is automatically initiated through the IEP process. Considerable attention is given to preparing youth for work and teaching functional life skills to those who need such instruction.

Legislation in Kansas provides an example of policy that does not tie transition services to the special education classroom. Although the process is initiated by the local education authority, the Secretary of Social and Rehabilitation Services is directed to prepare transitional plans for youth whose entitlement to services through special education will terminate in the next two years. One of the weaknesses in this legislation is the clause that requires transition planning to be done only if staffing and resources are available.

A series of New York laws specify procedures for initiating transition planning for children with emotional disabilities beginning at age fifteen if in the public school system or age eighteen if placed out-of-state or in other care facilities. The process can be initiated by either the local education authority or a social service agency. The responsibility for transition planning is typically given to the relevant adult serving system.

Policies Creating A Separate Entity At The State Level For Coordination Of Transition Services Across Divisions

Another way of ensuring that services from different divisions are coordinated for children is to create a new state level unit comprised of representatives from existing units. These interdepartmental groups may have their own budgets, staff or supervisory responsibility for contributed staff. Maine provides an outstanding example of this approach. The 1986 Transition Coordination Act establishes an interdepartmental Committee on Transition. This Committee includes representatives from several state departments as well as parent/consumer representatives and service provider representatives. The Committee on Transition is authorized to select and fund pilot transition projects throughout the state and to develop a statewide service delivery model.

Massachusetts' "Turning 22 Law" created a Bureau of Transitional Planning within the Executive Office of Human Services. This Bureau represents a single point of entry into the adult service system for youth with severe disabilities who will need services after leaving the special education system. The Bureau accepts the referral and makes sure that one of the states human service agencies plans and coordinates the needed transition services.

The Minnesota Interagency Cooperative Agreement ensures that agencies, parents and students work together to plan services necessary during transition. This is accomplished through local transition committees. The State Transition Interagency Committee assures that state agencies collaborate on policies, standards and funding. These efforts are further augmented by the Interagency Office of Transition Services which was established within the Office of Education.

Policies Requiring Interdepartmental Cooperation To Prepare A State Plan On Transition

Another way of building cooperative action toward transition services is to require the development of a state plan on transition through the collective efforts of several departments. This can be encouraged through legislation, a cooperative agreement or a combination of the two.

Illinois legislation (1985) directed the Governor's Planning Council on Developmental Disabilities to develop a state transition plan and to advise educational agencies on the transition needs of children with disabilities. The plan, completed in 1986, included twelve recommendations relevant to both systems change and individual planning. This plan was followed by an interagency agreement endorsing the twelve recommendations. Among other activities, the plan includes the award of small incentive grants to local districts to encourage development of local transition planning processes.

The 1987 Washington legislation required the Department of Public Instruction and the Department of Social and Health Services to work with the Developmental Disabilities Planning Council to conduct a study and develop a plan for transition services. This planning process was accomplished through structuring several task forces to work on separate aspects of transition needs. The July 1988 draft of the proposed plan identifies seven goals for transition services. This plan sets a specific goal for the percentage of special education students who will attend college. It also addresses the need for transitioning students to have opportunities for a social and cultural life in their communities.

Policies Establishing Programs To Provide Transition Services Directly

Although unusual, we found one example of legislation that established a separate program for transitioning youth. The 1987 Delaware Legislation created a residential facility to serve youth ages eighteen to twenty-one who have serious emotional disabilities. The program provides both residential treatment and transitional services to these youth. The legislation focused on serving youth who due to their emotional disorder cannot function in a classroom. These young people could continue to receive special education services until age twenty-two but because they had passed age eighteen, were no longer eligible for placement by the State Child Welfare agency.

The remaining policies in Part I were not drafted to address the problem of transition from child to adult serving systems. In most cases they were developed to address a much broader range of issues. In some cases they may need to be modified to include transition planning. In other cases transition planning and services are a logical extension of the policy. Policies such as those examined here provide another mechanism for encouraging transition planning and services.

Policies Providing For Interagency Coordination About The Needs Of Children In General

For a number of years, interagency coordination of services to children has been a high priority for child welfare organizations. Ohio and Massachusetts provide examples of well developed systems of interagency coordination that serve as vehicles for transition planning and services.

Ohio uses both legislation and interagency agreements to develop a system of cooperation among agencies serving multi-need children. Legislation passed in 1987 established the Interdepartmental Cluster for Services to Youth. Local clusters mirror the composition of the state cluster. The state level cluster provides a forum for identifying issues and planning for the provision of services to children. The local clusters provide community based planning for individual children. The state's Department of Mental Health plays a prominent role in these clusters. Additionally, the state has an interagency agreement between Mental Health and Rehabilitation to provide training and jobs for individuals with severe mental disabilities. Two pilot programs were funded through the 1987 agreement for training young adults ages sixteen to twenty-two.

The Agreement on Interagency Coordination for School-age Children in Massachusetts establishes a mechanism for coordinated decision making regarding the service needs of children at the local level. The signing agencies agree to work together to develop plans for any school age child who is eligible for services within a human services agency. The agreement promotes interagency cooperation to develop plans, coordinate services and enhance early identification of children with potential needs. In addition, the agreement specifies procedures for assigning case management responsibilities and outlines a process for resolving jurisdictional disputes among agencies.

Still another approach to coordination of services to children with serious emotional disorders is found in the Memorandum of Agreement that created the Alaska Youth Initiative. The Alaska Youth Initiative is a demonstration project to return youth with serious emotional disabilities to the state, discourage further out of state placement, and encourage multi-agency development and funding of individual care plans. The Initiative is managed by an interdepartment team comprised of two senior staff members from each division. The Memorandum of Agreement specifies how funds will be shared, services coordinated and staff contributed to the Initiative.

Agreements from Arizona and Tennessee provide examples of coordination of services to adjudicated youth. The Arizona Memorandum of Agreement was part of a two year demonstration project called the Interagency Case Management Project. The project sought to coordinate services for multiproblem juvenile delinquents. Each participating department and organization contributed staff and funding for expenses, supplies and equipment. Supervision of staff was assigned to the Interagency Case Management Project.

Legislation in Tennessee established Interdepartment Case Assessment/Management Teams that provide assessment, planning and case management for adjudicated youth. The Department of Human Services appoints team members and the teams function at the county level. The process is intended to serve children who have dual or multiple diagnoses and/or have experienced numerous unsuccessful placements.

Policies Establishing A Comprehensive System Of Mental Health Services For Children

Another way of achieving sufficient support for transition needs of youth who have serious emotional disabilities may be through the development of a comprehensive system of mental health services, of which transition services is one component. Two examples of this type of legislation are found in California and South Carolina.

In 1987, California passed a bill that establishes a comprehensive mental health service system for children with serious emotional disorders. Prior to this, California's Ventura County served as a demonstration site for developing the system of care. The system focuses specifically on interagency cooperation and specified case management responsibility. The model developed in Ventura County will be modified by other counties to fit local needs.

South Carolina enacted legislation that created the Continuum of Care for Emotionally Disturbed Children in 1986 after a three year pilot project. The act established a state level policy council that conducts a yearly needs assessment and makes recommendations for new services. The Continuum of Care Project works at the local level to support interagency planning for children. It also provides case management in selected cases. Its mission is to place children in existing services and, secondarily, to develop new services as needed.

One potential drawback to using general systems for coordinating services to children to ensure transition planning is that the general coordination mechanisms often include only child serving agencies. The coordination of services for transition planning requires that certain adult serving agencies also be involved. A second drawback is that these coordination mechanisms must be invoked for each individual child. Without automatic initiation on behalf of each child with a serious emotional disorder, many children will be overlooked.

PART II

COMPONENTS OF AN EXEMPLARY TRANSITION POLICY

In the course of this study, nine important components of transition policy have been identified. These components represent content that must be included in state level policies if they are to adequately meet the needs of transitioning youth with serious emotional disabilities. These nine components are listed in Table 3.

Table 3

Nine Components of Transition Policy for Youth with Serious Emotional Disorders

1. There must be a strong mechanism for interagency planning and coordination at the local level.
 2. Adult serving agencies must be involved prior to the time the youth leaves the child serving system.
 3. There must be a process for identifying or initiating transition planning for the child at an early age.
 4. The process for initiating transition planning should be automatic and not dependent on a unique request for each individual youth.
 5. A variety of settings should serve as the point of identification and initiation of transition planning.
 6. A person or system must be identified to take responsibility for planning and delivering services over a period of time, specifically past the age at which the youth must leave special education.
 7. Parents and youth should be explicitly included in the planning and implementation of the transition process.
 8. There must be an interdepartmental mechanism at the state level for the planning and coordination of services, as well as the resolution of disputes.
 9. The concept of transition services must be broadly construed to include all aspects of successful independent adult living.
-

Although no current state policy encompasses all of these ideals, examples exist of each components. These components are referenced in the discussion that follows and are summarized in Table 4.

Table 4

Examples of the Transition Policy
Components by State

State	<u>Components</u>								
	1	2	3	4	5	6	7	8	9*
Colorado	X	X	X	X		X			X
Maine	X						X	X	
Maryland		X	X	X				X	
Massachusetts	X	X	X						
Minnesota	X	X	X				X	X	
New York		X		X	X				
Ohio	X	X						X	
South Carolina	X							X	

* Corresponds to components 1-9 in Table 3.

1. There must be a strong mechanism for interagency planning and coordination at the local level.

The coordination of services needed during transition both reduces service duplication and assures that appropriate services are provided to youth who need them (Stooden & Boone, 1987). Service delivery systems for children are complex and often disorganized (Schalock, 1985). Youth with serious emotional disorders often have equally complex systems of needs that require services from a broad range of organizations. A mechanism for interagency planning and coordination at the local level is crucial to successful transition (Clark and Knowlton, 1987). Educational, social, rehabilitative and mental health systems must work together to coordinate available services. Despite the need for coordination of services, research by Benz and Halpern (1985) found little evidence of the use of formal written agreements between education and other community services. Examples that include procedures for coordinating services at the local level are found in policies from Colorado, Maine, Massachusetts, Minnesota, Ohio and South Carolina.

2. Adult serving agencies must be involved prior to the time the youth leaves the child serving system.

One of the three critical components of transition as defined by the Office of Special Education and Rehabilitative Services, U.S. Department of Education, is the need for a broad range of adult service programs to support the needs of individuals with disabilities in employment and in community living (Will, 1984). Although much progress has been made in linking vocational rehabilitation with the education system, links with other adult services such as welfare, health care, and recreation have not

been easily achieved (Hardman & McDonnell, 1987). Benz and Halpern (1987) found that 15 percent of the school districts they studied had no contact with adult services agencies and only 10 percent had formal contracts with these agencies.

One of the major barriers to the coordination of adult and children's services is that no federal mandate entitles transitioning youth to adult services (Johnson, Bruininks and Thurlow, 1987). Unlike education, adult services are often provided to transitioning youth only when funds are available. Thus, adult services providers have little incentive to participate in planning for youth who may or may not be eligible for service in the adult system.

In addition, general mechanisms for coordinating services for special need or multi-problem children do not usually include adult serving agencies. Ohio's policy is an exception to this. Other interagency agreements that include adult services such as public welfare, public health or employment are found in Massachusetts, Minnesota, and Colorado. The legislation in New York is an example of specified linkages between the initiating agency and the appropriate adult services. The Maryland cooperative agreement provides useful ideas about coordination with vocational rehabilitation.

3. There must to be a process for identifying or initiating transition planning for the child at an early age.

Modrcin (in press) suggests that transition planning should begin whenever the child is identified as having a disability. Specifying an age may encourage service providers to ignore transition issues until that time. Earlier opportunities to help the child and family begin thinking about issues of adulthood are then lost. The age at which transition planning must begin, according to public policy, varies from state to state. Some states recommend that planning begin at age fourteen (Maryland, Maine, Illinois) or when the child enters the ninth grade (Minnesota), consistent with Public Law 98-524. Colorado requires that an Individual Transition Plan be developed for the child at age twelve. In Kansas, transition planning begins two years before the child reaches twenty-two years or two years before the child is expected to leave special education. Planning for some children in New York begins at age eighteen, for others at age fifteen.

In most states, a child may receive special education services through age twenty-one or graduation from high school. Despite a federal mandate to this effect, this age also varies from state to state. Twenty-three states provide state funded special education services until the child's twenty-first birthday, an additional nineteen states provide special education up to age twenty-two. Michigan continues services through age twenty-five (U.S. Department of Education, 1988, pg. 44).

To be effective, transition planning for children with serious emotional disabilities must begin as early as possible but certainly no later than the early middle school years. A child who is dependent on a structured living and educational environment and needs intensive treatment from mental health professionals cannot be expected to adjust in a few months to changes in levels of structure or intensity. Services providers need time to identify or develop the necessary adult services. Those situations in which transition planning does not begin until age eighteen and beyond are not meeting the needs of those with serious emotional disabilities.

4. The process for initiating transition planning should be automatic and not dependent on a unique request for each individual youth.

In those states where transition planning is linked with the IEP process, transition planning is automatically initiated when the child reaches a certain age or stage in development (Colorado, Maryland, Minnesota, and New York). In these states, goals are added to the IEP or a separate transition plan is written. In other situations, however, transition planning must be separately initiated for each child (e.g., Kansas). Individual initiation is particularly likely when transition planning is folded into a general process for coordinating services to special needs children (Ohio, South Carolina, California). When this is the case, it is likely that only those youth who are most troublesome for the system will receive transition assistance.

5. A variety of settings should serve as the point of identification and initiation of transition planning.

Transition planning is often perceived as the responsibility of education in general and special education in particular. In this model, transition planning is initiated, coordinated and managed by special education staff. Youth with serious emotional disorders, however, may be in settings other than the public schools or may be in the public schools but not involved in the special education system. Youth with serious emotional disabilities may "live" in public or private psychiatric hospitals or in residential treatment centers. They may spend most of their time at home or on the streets. There is rising evidence that adolescents with serious emotional disorders are likely to drop out of the school system. In the 1985-86 school year, 11,803 children with emotional disabilities between the ages of sixteen and twenty-two dropped out of school (U. S. Department of Education, 1988, pg 47). Although students with emotional disorders comprise about 9 percent of all children with a disability, they account for 21 percent of those that drop out. Twenty-six percent of all students with disabilities quit school during 1985-86, a conservative estimate since only those who were known to drop out were counted. This figure does not include those who stopped coming to school or whose status was unknown (U.S. Department of Education, 1988, pg 46).

Given this high rate of drop out among youth with emotional disorders, an effective transition policy will include ways in which youth in settings other than the public schools can receive transition support services. New York, for example, has included other social service agencies (both in and out of state) in the process of initiating transition services.

6. A person or system must be identified to take responsibility for planning and delivering services over a period of time, specifically past the age at which the youth must leave special education.

The provision of case management services is a key component of effective transition planning. Often this function is assumed by special education personnel. Hardman and McDonnell (1987, pg. 494) argue that schools have the responsibility to take the lead in transition planning because only schools have an explicit charge to provide transition services. Further, schools have stable funding, clear goals and centralized administrative structures that can support the coordinating role. In addition to education, other organizations may need to assume this role for youth with serious emotional disorders for two reasons. First, as noted above, these youth are often not in the educational system but may be identified because of services received through another organization. Second, for youth with serious emotional disorders, case

management services need to be extended beyond the age at which educational services are terminated. For these youth it may be particularly important that case management responsibilities be assigned to an agency that can serve the youth well into adulthood. An example of a policy that addresses this issue is found in Colorado.

7. Parents and youth should be explicitly included in the planning and implementation of the transition process.

Both youth with serious emotional disorders and their parents are key figures in the transition process. Parents often play an active role in planning educational services for their children. Some studies have shown that parental participation declines as children grow older and is often low during transition planning (Johnson, Bruininks, & Thurlow, 1987).

Although inclusion of parents is mandated by several public laws related to persons with disabilities, this philosophy is often not explicit in state policy. We found two examples of state level policies (Minnesota and Maine) in which parents were explicitly included on the state coordination committees. There is an apparent assumption that parents and youth are involved in the local planning process because of federal requirements surrounding the IEP. In fact, they are often left out of community or state level planning and service coordination activities.

One emerging issue is that the youth, not the parent, may be legally responsible for consenting to the release of information to other agencies and for involvement in transition planning. Unless under the legal guardianship of their parents or the courts, young persons age eighteen and over must be directly involved in planning transition services. This is not an issue in those states where transition planning is conducted at an earlier age. New York is the only state we found with legislation that addresses the need to gain consent from the youth with a serious emotional disorder. Youth as consumers are infrequently included in transition planning at any level.

8. There must be an interdepartmental mechanism at the state level for the planning and coordination of services, as well as the resolution of disputes.

The lack of coordinated service planning at the state level has most certainly affected the speed with which services have been made available (Schalock, 1985; Hardman & McDonnell, 1987). Section 128 of Public Law 98-199 requires schools to collect and report data on students with disabilities leaving the school system (Stooden & Boone, 1987). In part, this data collection is intended to anticipate the service needs of youth with disabilities as they move into adult living. No parallel legislation exists that requires community agencies to respond to these anticipated needs.

We found several examples of policies that include coordinating mechanisms at the state level. Policies from Maine, Maryland, Minnesota, Ohio and South Carolina provide examples of different approaches to organizing such a body. In most cases the interdepartmental group at the state level is a permanent or semi-permanent committee that is representative of a range of departments. In some cases a less formal task force plays this role. Most interdepartmental committees at the state level provide a central point for the collection and analysis of needs data and planning functions. They may also review individual cases with unique service needs that are referred to them by the local committees. Other state committee functions may include advocacy for funding, coordination of overlapping services, standardization of procedures and requirements, and dispute resolution.

Although the funding of transition services was rarely discussed in the policy products reviewed, a few offered unusual ideas for the joint funding of special services. For example, Alaska's interagency agreement outlines clearly how money and staff will be allocated to the Alaska Youth Initiative.

9. The concept of transition services must be broadly construed to include all aspects of successful independent adult living.

Different opinions have been expressed over the ultimate outcome of "transition services" and hence the meaning of the term. In the transition model proposed by the Office of Special Education and Rehabilitative Services (Will, 1984), the focus is on successful employment in adult life. The term "transition services" in that model refers to those services needed to ensure that youth move successfully into gainful employment. A revised model of transition has been described by Halpern (1985) in which the outcome is successful community adjustment. He further suggests that community adjustment is influenced by the young person's residential environment, social and interpersonal networks, and by his or her employment.

Another argument for expanding the focus of transition planning is the need to include postsecondary education as a legitimate outcome for youth with serious emotional disorders as well as youth with other disabilities. At least one reason for the lack of attention to college and other training opportunities is the belief by some that students with disabilities in these settings do not need any special services (Benz & Halpern, 1987).

In many of the policies we reviewed, the concept of transition services was narrowly defined to mean moving from the role of student to the role of employee. This concentration on vocational training and supported employment opportunities misses many of the needs of youth with serious emotional disorders. Other areas where transition planning is needed include recreation and social functioning, independent living skills and health and mental health services as well as support to the families during the process of transition.

The Colorado transition policy provides an example of a policy that defines transition services broadly. In Colorado, individual transition plans are expected to include five components: coordination by case managers and the local transition team; preparation (vocational assessment, work skills training, job readiness); employment (marketing, job development, placement); residential services to maximize independent living; and support services such as family services, therapy, transportation, advocacy, recreational and physical accessibility.

CONCLUSION

For those who wish to propose state policy we recommend first, an exploration of the current policies and programs in all state divisions and departments. We were surprised to find that often no one person was familiar with all of the transition efforts in a state. Unless a state level transition coordination body existed, it was often necessary to contact persons in two or three divisions in order to obtain a complete picture of the existing state policy. In addition, the term "transition" is not universally understood. It may be necessary to explore policies that refer to emancipation and independent living as well as policies that effect only one aspect of transition planning such as interagency cooperation.

Second, policy makers and advocacy groups who wish to impact state level policy as it applies to youth with emotional disorders should build on policies that exist. It is especially important for mental health professionals and advocacy groups to understand what policies and processes are in place within the education system. Because the education system has a federal mandate, substantial movement toward coordinated transition planning for certain groups has been made within that field. Similarly, transition services and policies may already be in place due to the work that has been done by advocacy groups for persons with mental retardation and physical disabilities. Children with serious emotional disturbances are included in the federal definition of "handicapped" and in most state definitions of developmental delay. Accordingly, they are entitled to an appropriate process of transition planning.

Third, policy change may be initiated from either the state or local levels. We have reviewed examples in which demonstration projects existed prior to state level policy and provided the basis on which state policy was developed. Conversely, we have reported on states in which legislation or agreements were signed first and then followed by implementation of the legislative intent in local efforts.

The relevance of the current transition movement to parents of children with serious emotional disorders and associated professionals is questionable. Without reducing the importance of transition for the majority of children with disabilities, attention must shift to focus specifically on the needs of smaller subgroupings. At this point we do not know if the service needs are markedly different, however, common sense tells us that it is likely. More importantly, the data systems that are being built in each state as a response to federal mandate should be able to provide an answer if they pay specific attention to students with emotional disabilities. It is time to expand the horizons of the transition movement by paying attention to groups of individuals with other disabilities and responding to other parent organizations.

If the transition movement is expanded to include the needs of persons with other disabilities another shift must also take place. The brunt of transition planning--which is now born by the education system--must be assumed by the community. Although the educational system may need to continue to provide primary services to many children as they leave the special education system, other community organizations and agencies must assume responsibility for youth in their care.

Coupled with the movement from education focused to community focused transition planning, is the need for a national mandate that entitles children with disabilities to adult services. The belief that a child is entitled to receive services until age twenty-one but thereafter must wait in line is untenable. If, as a nation, we are committed to support persons with disabilities, then our commitment must not be age limited. The entitlement to receive adult services is critical to youth with *any type of disability*.

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PART III

Examples of Policies

ALABAMA

Policy: The Memorandums of Agreement were signed in 1986 as a part of a three year federal grant awarded to the Crippled Children Services.

Parties involved: The grant involved the Alabama Department of Education, Department of Mental Health/Mental Retardation, Department of Public Health and Maternal and Child Health Training Projects. There are two interagency agreements, one is in the Huntsville area and includes the Youth in Transition Project and the Division of Vocational Rehabilitation and Crippled Children Services, the Huntsville City Board of Education, the Huntsville/Madison County Health Department and the Huntsville-Madison County Mental Health Center. The second agreement is among similar organizations in the Selma area.

Purpose: The agreements were initiated through a three year, federally funded project entitled Youth in Transition--the Alabama Experience. They provide examples of agreements between several local organizations and a state division. The project was originally intended to run from 1986 through 1988 but was granted a one year extension. It addresses the special needs of adolescents who have chronic illnesses or physical disabilities. Each of the project's two sites serves sixty adolescents.

The purpose of the Memorandums of Agreement was to set up a local task force that assures a continuum of services for at risk adolescents. The agreement specifies contributions of staff, services, shared training and the process of referral. The agreements also define issues of confidentiality, space for services, meeting space and meeting participation of task force members.

Process: Eligible youth can be identified by any of the participating agencies and referred to the Project. The Project conducts the assessment and planning and refers youth back to participating agencies for services.

Relevance to children with emotional disabilities: Although this project is focused on youth with physical illness and disabilities it has potential for serving youth with emotional disabilities. The Mental Health Clinic is one of the participating agencies that has agreed to refer clients as well as provide evaluation services to clients other than their own. The involvement of other adult service systems is an important addition in helping youth with emotional disabilities make the transition to adulthood.

Contact person: Charles Ryles
Crippled Childrens Services
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Montgomery, Alabama 36111-0586

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MEMORANDUM OF AGREEMENT

This Agreement, entered into on this 1st day of April, 1986, among the Youth in Transition - The Alabama Experience and the following agencies: the Division of Vocational Rehabilitation and Crippled Children Service; the Selma City Board of Education; the Dallas County Board of Education; the Dallas County Health Department; the Cahaba Regional Mental Health/Mental Retardation Center and the West Central Alabama Easter Seal Rehabilitation Center will have the following stipulations:

I. Purpose

The purpose of this Agreement is to enable the local Task Force to design, develop, implement and monitor a community-based service model to assure a continuum of services for chronically ill and/or disabled adolescents at risk in their transition to maturity.

II. Services to be Provided

A. Division of Rehabilitation and Crippled Children Service

1. Vocational Rehabilitation Service (VRS)

- a. Vocational Rehabilitation Service will assign a Counselor to act as a liaison between the Youth in Transition project and the Vocational Rehabilitation Agency.
- b. The Vocational Rehabilitation Agency will determine eligibility of all clients referred by the Youth in Transition project for rehabilitation services.
- c. The liaison will inform the Project Director of the eligibility or ineligibility of all referrals for Vocational Rehabilitation Services.
- d. The liaison will make medical assessments, psychological assessments, vocational evaluations, individualized written rehabilitation plans, or a written case summary available to the coordinator of the Youth in Transition project, provided the participant and/or his guardian signs a valid release of information form.
- e. The liaison will provide guidance and counseling, vocational assessment, training and physical restoration services to participants of the project that meet eligibility standards within the guidelines of agency policy.
- f. The liaison will participate in meetings of the local Task Force.
- g. The liaison will participate in training sessions held for members of the Task Force.
- h. The liaison will make referrals of possible candidates to the Youth in Transition project.

2. State Crippled Children Service (SCCS)

- a. State Crippled Children Service will assign a worker to serve as liaison between the project and SCCS who will also participate in the project training sessions.
- b. The SCCS will provide medical diagnosis and treatment to those participants in the project who meet the agency eligibility requirements.
- c. The SCCS will provide physical therapy, audiological assessment, medication, glasses, hearing aides, speech therapy, nursing and social services to those project participants that are accepted for services by the SCCS.
- d. SCCS will refer adolescents known to the agency that might meet the guidelines for the project.
- e. SCCS will provide consultation as staff time and availability allows in nursing, physical therapy, audiology and social services.
- f. SCCS will assist in developing individualized plans for participants.
- g. SCCS will provide the project coordinator medical information if that participant or his guardian has signed a current release of information form.

3. The West Central Alabama Easter Seal Rehabilitation Center (WCAESRC)

- a. WCAESRC will be a referral source of known adolescents that might meet the guidelines for the project.
- b. WCAESRC will provide a staff person to act as liaison between the project and the Center.
- c. WCAESRC will provide a staff person to participate on the local Task Force of the project and participate in training for the project.
- d. WCAESRC will share information with the project provided the participant and/or his guardian signs a proper release of information form.
- e. WCAESRC will provide vocational evaluation and adjustment services to participants within the project provided that they have a financial sponsor for these services.
- f. WCAESRC will provide speech and audiological services to those participants in the project that have a financial sponsor.
- g. WCAESRC will provide meeting space for the Selma Task Force of the Youth in Transition - The Alabama Experience project.

4. The Dallas County Board of Education (DCBOE)

- a. The DCBOE will appoint a staff person to serve on the local Task Force of the Youth in Transition project.
- b. The DCBOE will appoint a staff person to participate in training sessions for the project.

- c. The DCBOE will refer possible candidates to the Youth in Transition project.
 - d. The DCBOE will make school records, psychometric reports, medical information and social data available to the project provided the participant or his legal guardian signs a valid release of information form.
 - e. The DCBOE will provide academic training for those participants in the project that live in the geographical catchment area of the Dallas County Schools.
 - f. The DCBOE will provide vocational training, guidance and counseling, vocational assessment and vocational counseling to those participants in the project that live in the geographical catchment area of the Dallas County Schools.
 - g. The DCBOE will provide those participants enrolled in Dallas County Area Vocational School that meet the JTPA economic need eligibility standard with Pre-Employment Skills Training.
5. The Dallas County Health Department (DCHD)
- a. The DCHD will provide a staff person to act as liaison to the Youth in Transition project.
 - b. The DCHD will provide a staff person to participate in the local Task Force of the project.
 - c. The liaison will also participate in training programs for Task Force members of the project.
 - d. The DCHD will be a referral source for possible candidates in the project.
 - e. The DCHD will provide cancer detection, family planning, health education, immunizations, prenatal and postpartum maternity care, tuberculosis screening, diagnosis and/or treatment of venereal disease and nutritional education to those program participants that meet eligibility standards of the Dallas County Health Department.
6. Selma City Board of Education (SCBOE)
- a. The SCBOE will assign the special education coordinator to serve on the Selma Task Force for the Youth in Transition project.
 - b. The SCBOE will refer potentially eligible students to the Youth in Transition project for services.
 - c. The SCBOE will provide the Youth in Transition project with current, written intellectual assessments, copies of students' cumulative records and other reports upon the receipt of parental permission to release such data.
 - d. The SCBOE will inform the Youth in Transition project staff of our eligibility requirements for special education services.

e. The SCBOE will participate in training sessions held for Task Force members.

7. Cahaba Regional Mental Health/Mental Retardation Center

a. The Mental Health Center will assign a mental health therapist as a liaison between the Youth in Transition project and Mental Health, and this person will serve on the Task Force.

b. The liaison will participate in training for this program and attend Task Force meetings.

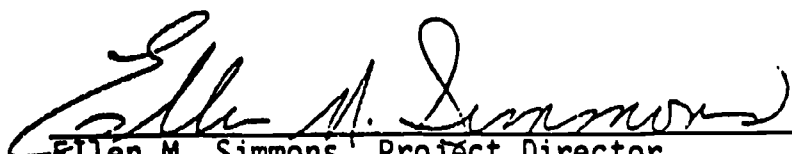
c. The Mental Health Center will refer potentially eligible clients to the Youth in Transition project for services.

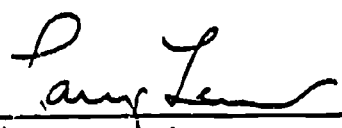
d. The Mental Health Center will provide copies of psychological and psychiatric evaluations with written Release of Information form signed by parents/guardians or adolescent as required.


e. The Mental Health Center will provide individual, family and group therapy, psychological, psychiatric evaluations and medication as needed for Youth in Transition project participants, according to Mental Health Center policy that the adolescent be an active client at the Center.

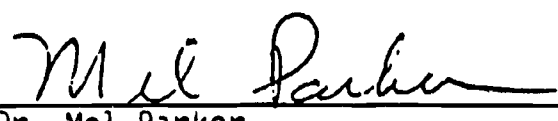
f. The Mental Health Center will inform the Youth in Transition project staff of Center eligibility requirements for Mental Health services.

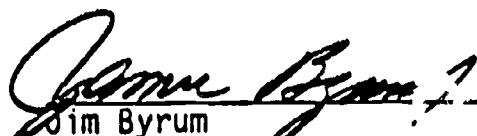
The duration of this Agreement is from April 1, 1986, through June 30, 1988. This Agreement will be reviewed annually.



Ellen M. Simmons, Project Director
Youth in Transition - The Alabama Experience

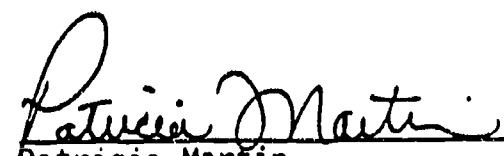

Larry Lewis
West Central Alabama Rehab. Center



Richard Weishaupt
Vocational Rehabilitation Services

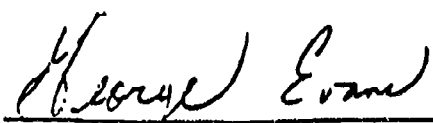

Dr. Mel Parker
Dallas County Area Vocational School


Jim Byrum
Crippled Children Service


Francetta Childers
Dallas County Health Department


Patricia Martin
Cahaba Regional Mental Health/Mental
Retardation Center


Dr. Milton Slauson
Selma City Schools



SEP 30 1986

MEMORANDUM OF AGREEMENT

This Agreement, entered into on this 1st Day of May, 1986, among the Youth in Transition - The Alabama Experience and the following agencies: the Division of Vocational Rehabilitation and Crippled Children Service; the Huntsville City Board of Education; the Huntsville/Madison County Health Department; and the Huntsville-Madison County Mental Health Center and will have the following stipulations:

I. Purpose

The purpose of this Agreement is to enable the local Task Force to design, develop, implement and monitor a community-based service model to assure a continuum of services for chronically ill and/or disabled adolescents at risk in their transition to maturity.

II. Services to be Provided

A. Crippled Children Service

1. Medical diagnostic evaluation and treatment for those students who meet the eligibility requirements.
2. Services of a physician, hospitalization, nursing, social work, physical therapy, audiological, medication, appliances, glasses, hearing aids, surgery and speech therapy to remove or reduce the handicapping conditions of those students who are accepted for Crippled Children Service.
3. State Crippled Children Service will assign a worker to serve as liaison between the project and SCCS who will also participate in the project training sessions.
4. SCCS will refer adolescents known to the agency that might meet the guidelines for the project.
5. SCCS will provide consultation as staff time and availability allows in nursing, physical therapy, audiology and social services.
6. SCCS will assist in developing individualized plans for participants.
7. SCCS will provide the project coordinator medical information if that participant or his guardian has signed a current release of information form.

B. Huntsville City Board of Education

1. Huntsville City Board of Education will assign a designated staff member to serve on the local Task Force of the Youth in Transition Project.

2. Confidential information will be released to the Youth in Transition Project without additional parental permission, and may include a current written intellectual assessment, cumulative record, work station reports, grade reports, behavioral checklists and other test reports.
3. To provide accommodations to the Youth in Transition representative and student that are adequate and confidential for counseling and interview purposes.
4. Appoint a staff person to participate in training sessions for the project.
5. Act as a referral source for potentially eligible students to the Youth in Transition Project.
6. Inform Project staff of eligibility requirements for special education services.
7. Involve Project staff in the development of an IEP for students participating in the Project.

C. Vocational Education

1. Accept those persons referred by the Youth in Transition Project for consideration of possible enrollment in an appropriate vocational education program.
2. Provide vocational instruction as needed for training for employability to include instructional materials, and equipment in regular programs to meet the individual needs of the chronically ill/physically disabled as funds and reasonable efforts will allow.
3. Initiate referrals to the Youth in Transition Project for identification and eligibility determination for such students who may have a handicapping condition or chronic illness and who may not be identified by Special Education.

D. Vocational Rehabilitation Services

1. VRS will assign a Counselor to act as a liaison between the Youth in Transition Project and the local Vocational Rehabilitation Agency.
2. Provide staff to accept and process referrals from the Youth in Transition Project who: (1) have reached the age of sixteen (16) years or are enrolled in the ninth grade; and (2) are at the point in their educational process where they are being considered for entry into one of the vocational training alternatives.
3. Provide an assessment to evaluate the mental, physical, and vocational potential of the individual as it relates to the achievement of a specific vocational goal, if not otherwise available.

4. Participate in ongoing in-service training, Task Force meetings, and evaluation of services rendered. Maintain a systematic communication process including case progress reports, IWRP's, medical reports, psychological reports, rehabilitation center reports, and other pertinent information related to participants to the Project staff, without additional parental permission.
5. Initiate referrals to the Youth in Transition Project for identification and eligibility determination for such students who may have a handicapping condition.

E. Huntsville-Madison County Health Department

1. The Huntsville-Madison County Health Department will provide a staff person as liaison to the Youth in Transition Project.
2. The liaison will participate in local Task Force meetings and training programs.
3. The Huntsville-Madison County Health Department will be a referral source for possible candidates to the Project.
4. The Health Department will provide family planning, health education, immunizations, tuberculosis screening, education, screening, and treatment of sexually transmitted diseases for Project participants that meet eligibility standards of the Huntsville-Madison County Health Department.

F. Huntsville-Madison County Mental Health Center

1. Assign a staff person to serve as a liaison and participate in local Task Force meetings and training programs of the Youth in Transition Project.
2. Accept referrals from and be a referral source for the Youth in Transition Project.
3. Provide available psychiatric and/or psychological information on persons referred by the Center to the Youth in Transition Project.

The client must sign a release of information form authorizing the Center to provide pertinent diagnostic information to the Project.

4. The Huntsville-Madison County Mental Health Center will inform the Youth in Transition Project staff of Center eligibility requirements.
5. The Center will provide therapy, evaluations and medication for Project participants who are clients at Mental Health Center, according the Center's policy.

Delta T. Kenny

Delta T. Kenny, Project Director,
Youth in Transition - The Alabama Experience

Norma Bell

Norma Bell
Huntsville City Schools

Bill Brumlow

Bill Brumlow
Vocational Rehabilitation Services

David Rush

David Rush
Huntsville-Madison County Mental Health Center

Jim Davis

Jim Davis, Board President
Huntsville/Madison Mental
Health Center

Mary Jane Caylor

Mary Jane Caylor
Superintendent of Huntsville City Schools

Gary W. Prier

Gary W. Prier, Ph.D., Exec. Dir.
Huntsville-Madison County Mental
Health Center

Debra Williams

Dr. Debra Williams
Huntsville-Madison County Health Department

Jean Tarbell

Jean Tarbell
Crippled Children Service

ALASKA

Policy: The Memorandum of Agreement was signed November 26, 1986.

Parties Involved: The agreement is between the Alaska Department of Education and the Department of Health and Social Services (specifically the Division of Mental Health and Developmental Disabilities and the Division of Family and Youth Services).

Purpose: The agreement established the Alaska Youth Initiative by promoting the development of shared funding and coordinated services for youth with the most serious disabilities. The Alaska Youth Initiative (AYI) is a demonstration program to return youth with emotional disabilities to the state, to discourage further out-of-state placement and to encourage multi-agency development and funding of individual care programs. The AYI is managed by the Interdepartmental Team which is comprised of two senior staff members from each division. The agreement further specifies the amount of money and staff each department or division will contribute to the Initiative.

Process: Not described.

Relevance to children with emotional disabilities: The primary focus of this agreement is to return children from out-of-state placements and to develop community based care plans for them. The agreement is unusual in its clear specification of fiscal responsibility. Because the agreement concentrates on developing a system of care for youth with serious emotional disabilities, transition planning could easily be included as one aspect of the care system.

Contact person: John VanDenBerg
Child and Adolescent Mental Health Coordinator
Department of Mental Health/Developmental
Disabilities
Box H-04
Juneau, Alaska 99811

(907) 456-3370

MEMORANDUM OF AGREEMENT

This agreement is between the Department of Education and the Department of Health and Social Services (the Division of Mental Health and Developmental Disabilities and the Division of Family and Youth Services) and is effective on November 26, 1986. This agreement is to develop shared funding and coordinated services for Alaska's most disturbed youth by establishment of the Alaskan Youth Initiative (AYI).

Both the Department of Education and the Department of Health and Social Services agree:

1. That the AYI is a demonstration program to return to Alaska disturbed youth presently in out-of-state placements and to encourage both state and local level multi-agency development and funding of appropriate individualized care programs for these youth.
2. That further out-of-state placements will be discouraged unless necessary. To accomplish this, a limited number of in-state youth who are of similar level of disturbance to those presently in out-of-state placement will be accepted into the AYI. Individualized care programs will be developed for these youth through the same procedures used in developing programs for youth who are in out-of-state placements.
3. That the AYI will be managed by the Inter-Departmental Team (IDT), which will be comprised of no more than two senior staff each from the Division of Family and Youth Services, the Division of Mental Health and Developmental Disabilities, and the Department of Education.
4. That the attached document, "Alaskan Youth Initiative Referral, Review, and Funding Procedures," will be accepted as official referral, review, and funding procedures for the AYI. These procedures may be revised at any time, subject to approval of the IDT and the Commissioners of Health and Social Services and of Education.
5. That this agreement will be effective through June 30, 1987, at which time each agency will evaluate progress and either renew this agreement or revise as is necessary. Both Departments understand that a long term commitment to the AYI is necessary due to the severity of disturbance of the group of youth in question.

The Department of Education agrees:

1. To contribute \$200,000 to the AYI toward services for in-state disturbed youth. Additional funds will be assigned to the AYI as out-of-state youth return to Alaska and are accepted into the AYI, on a case by case basis.
2. That any funds that the Department of Education contributes to the AYI will be used only for AYI youth who are special education certified and are referred by the school district.
3. That the Department of Education's participation in the AYI meets its responsibility to assist districts as described in 4AAC 52.160(H).

The Department of Health and Social Services, Division of Family and Youth Services agrees:


1. To contribute funds to the AYI for services for in-state disturbed youth as funds become available. Additional funds will be assigned to the AYI as out-of-state youth return and are accepted into the AYI, on a case by case basis.
2. That any funds the Division of Family and Youth Services contributes to the AYI will be spent only on youth in the custody of Health and Social Services. Non-custody youth under the care of Health and Social Services will only be served when an exception is approved by the Director of Family and Youth Services.

The Department of Health and Social Services, Division of Mental Health and Developmental Disabilities agrees:


1. To contribute to the AYI funding for the .5 FTE position of Coordinator of the AYI, the .5 FTE position of Assistant Coordinator of the AYI, and the .5 FTE position of clerk-typist for the AYI, subject to continued availability of federal funding from the National Institute of Mental Health through the Child and Adolescent Services System Program grant.
2. To pay for all travel and administrative costs incurred by the AYI Coordinator and Assistant Coordinator while carrying out the AYI program.
3. To provide fiscal management of the AYI funds and provide biannual reports to the Commissioners of Health and Social Services and of Education on all AYI expenditures and progress of individual AYI youth. The AYI Coordinator will maintain appropriate records on all AYI referrals and accepted youth.

Alaskan Youth Initiative
Memorandum of Agreement


November 26, 1986



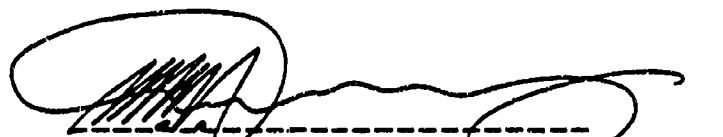
Marshall Lind, Commissioner
Department of Education



John Pugh, Commissioner
Department of Health and
Social Services



Michael L. Price, Director
Division of Family and Youth
Services



Mel Henry, Ph. D., Director
Division of Mental Health
and Developmental Disabilities

ARIZONA

Policy: The Memorandum of Understanding (date unknown) was part of a two year demonstration project entitled the Interagency Case Management Project. The project was initiated by the Governor's Interagency Advisory Council to address issues concerning multiproblem juvenile delinquents.

Parties involved: Governor's Office of Children, Arizona Department of Corrections, Department of Economic Security, Department of Health Services and Maricopa County Juvenile Court Center.

Purpose: The purpose of the Interagency Case Management Project (ICMP) is to provide services to children with multiple problems and their families through interagency coordination of resources and interdisciplinary linkages. Each participating organization provides staff (in varying numbers) and funding for expenses, supplies and equipment. Supervision is delegated to the ICMP supervisor. Each organization contributes other resources such as clerical support, supplies and equipment to the ICMP. Each organization agrees to serve the ICMP clients within their agency and to pay for the services used by their clients.

Relevance to children with emotional disabilities: The agreement is focused upon children within the juvenile justice system. While some of these children may have an emotional disability, it is usually not the central issue that brings them to the attention of the committee. The Arizona Mental Health Division is not named in the agreement; however, the Administration for Children, Youth and Families and the Administration for Developmental Disabilities are involved as is the Department of Health Services that provides service to juveniles who have a mental illness. Adult services, in general, are not included in the agreement. This process could be broadened to include other agencies and serve as a vehicle for transition planning, even though not intended for this purpose.

Contact person: Egon Stammer
Interagency Case Management Project
411 N. 24th Street
Phoenix, Arizona 85008

(602) 220-6462

MEMORANDUM OF UNDERSTANDING

AMONG

GOVERNOR'S OFFICE OF CHILDREN
THE ARIZONA DEPARTMENT OF CORRECTIONS
THE ARIZONA DEPARTMENT OF ECONOMIC SECURITY
THE ARIZONA DEPARTMENT OF HEALTH SERVICES
MARICOPA COUNTY JUVENILE COURT CENTER

This MEMORANDUM is for the purpose of providing a description of the responsibilities and commitments of the participating agencies in the Interagency Case Management Project.

PROJECT PURPOSE

The purpose of the Interagency Case Management Project is to provide services to multiple problem children and their families utilizing interagency resources and an interdisciplinary approach.

AGREEMENTS

- A. Each participating agency is responsible for:
1. Providing, as designated below, experienced staff who are performing at a superior level within the agency.
 2. Providing funding for personal services, employee related expenses, supplies, and equipment.
 3. Ensuring that assigned staff are provided agency information, included in agency activities, and are eligible for all employment benefits within the agency.
 4. Delegating supervision of assigned staff to the ICMP supervisor.
 5. Ensuring the availability of services to all ICMP clients within legal constraints.
 6. Direct payment or reimbursement for services utilized by its respective clients.
 7. Providing information about ICMP to agency staff and ensuring cooperation.
 8. Ensuring the active participation of upper level management in the ICMP Policy Committee.

9. Cooperating in evaluation of ICMP.
 10. Providing a project supervisor as agreed for a designated period of time.
- B. The Governor's Office for Children is specifically responsible for:
1. Representing ICMP to appropriate community and legislative groups.
 2. Providing liasion between ICMP and the Governor's Office.
- C. The Arizona Department of Economic Security is specifically responsible for:
1. Providing two (2) case managers from the Administration for Children, Youth and Families.
 2. Providing one (1) clerical position from the Administration for Children, Youth and Families.
 3. Providing one (1) case manager from the Division of Developmental Disabilities.
 4. Providing technical assistance in the project evaluation.
- D. The Arizona Department of Corrections is specifically responsible for:
1. Providing two (2) case managers.
- E. The Arizona Department of Health Services is specifically responsible for:
1. Providing two (2) case managers.
 2. Providing office space, telephones, postage, and copying.
- F. The Maricopa County Juvenile Court Center is specifically responsible for:
1. Providing two (2) casemanagers.
 2. Providing liasion with the Juvenile Court Judges, Commissioners, and Referees.

MEMORANDUM OF UNDERSTANDING
Page 3

REVIEW

This Memorandum of Understanding is to be reviewed annually by the ICMP Policy Committee.

CALIFORNIA

Policy: In September 1987, California Assembly Bill 377, the Children's Mental Health Services Act, was enacted (California Welfare and Institution Code Section 5565.10-5565.40). The legislation provides for a comprehensive mental health service system for children with serious emotional disabilities. Assembly Bill 3920 was enacted in 1984 (California Welfare and Institution Code Section 5575-5579). That legislation established Ventura County as the demonstration site for developing a comprehensive, coordinated system of care for children's mental health services.

Parties involved: The California Department of Mental Health

Purpose: The major components of this system are joint evaluation and coordinated interagency planning and delivery of services and specification of case management responsibility. During the two year demonstration period, research was conducted on the model's effectiveness. The service system will be established statewide as funds are appropriated. Each county will adapt the model to meet local needs and priorities.

Relevance to children with emotional disabilities: This legislation addresses the mental health system of care in its entirety. Transition planning is one component of that system. The 1983 continuum of care model developed by the Office of Children and Youth within the California Department of Mental Health, summarized in AB3920, addresses transition planning. Given the emphasis on interagency cooperation, transition planning fits easily into this service system.

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Assembly Bill No. 377

CHAPTER 1361

An act to add Chapter 6.8 (commencing with Section 5565.10) to Part 1 of Division 5 of the Welfare and Institutions Code, relating to children's mental health.

[Approved by Governor September 29, 1987 Filed with Secretary of State September 29, 1987.]

LEGISLATIVE COUNSEL'S DIGEST

AB 377, Wright. Children's mental health.

Existing law contains no comprehensive mental health services system for children with serious emotional disturbance.

The bill would enact the Children's Mental Health Services Act which would establish such a system, as prescribed, when funds are appropriated for the purpose. The bill would require the State Department of Mental Health to administer the act and authorize a qualifying county to participate in the program pursuant to certain requirements.

The people of the State of California do enact as follows:

SECTION 1. Chapter 6.8 (commencing with Section 5565.10) is added to Part 1 of Division 5 of the Welfare and Institutions Code, to read:

CHAPTER 6.8. CHILDREN'S MENTAL HEALTH SERVICES ACT

Article 1. General Provisions and Definitions

5565.10. This article shall be known and may be cited as the Children's Mental Health Services Act.

5565.11. The Legislature finds all of the following:

(a) That there is no adequate comprehensive system for the delivery of mental health services to children with serious emotional disturbance and to their families or foster families.

(b) That services to children are provided by various departments and agencies at both the state and county levels, often without appropriate collaboration.

(c) That mental health services to children provided in the demonstration project under Chapter 7 (commencing with Section 5575) have increased agency collaboration and produced a comprehensive service system.

(d) That preliminary results of this demonstration project show potential substantial cost avoidance, and cost benefits which include:

(1) Enabling the child to remain at home whenever possible.

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(2) Providing placement in the least restrictive and least costly setting consistent with the child's needs.

(3) Enabling the child to receive out-of-home services in as close a proximity as possible to the child's usual residence.

5565.12. By January 29, 1988, the State Department of Mental Health shall review the progress reports of the demonstration project under Chapter 7 (commencing with Section 5575). The State Department of Mental Health shall proceed to implement this chapter only if the demonstration project meets either of the following:

(a) The total estimated cost avoidance in all of the following categories (1) to (5), inclusive, shall equal or exceed the demonstration project costs:

(1) Group home costs paid by Aid to Families with Dependent Children-Family Care (AFDC-FC).

(2) Children and adolescent state hospital programs.

(3) Nonpublic school residential placement costs.

(4) Juvenile justice reincarcerations.

(5) Other short-and long-term savings in public funds resulting from the demonstration project.

(b) If the State Department of Mental Health determines that the total cost avoidance listed in subdivision (a) does not equal or exceed demonstration project costs, the State Department of Mental Health shall determine that the demonstration project has achieved substantial compliance with all of the following goals:

(1) Total cost avoidance in the categories listed in subdivision (a) to exceed 50 percent of demonstration project costs.

(2) A 20 percent reduction in out-of-county court-ordered placements of juvenile justice wards and social service dependents.

(3) A statistically significant reduction in rate of recidivism by juvenile offenders participating in the demonstration project.

(4) A 25 percent reduction in the rate of state hospitalizations of minors from the baseline fiscal year 1980-81 level.

(5) A 10 percent reduction in out-of-county nonpublic school residential placements of special education pupils.

(6) Allow at least 50 percent of children at risk of imminent placement served by the intensive in-home crisis treatment program to remain at home at least six months.

(7) Statistically significant improvement in school attendance and academic performance, of mental disordered special education pupils treated in the demonstration project's day treatment program.

5565.13. It is the intent of the Legislature to do all of the following:

(a) To phase in the system developed in the demonstration project under Chapter 7 (commencing with Section 5575) statewide, once final results are available from the project and assuming that these results demonstrate achievement of benefits as described in

subdivision (d) of Section 5565.11. The Legislature recognizes that a major component of this system began in the 1984-85 fiscal year through the implementation of Chapter 1474 of the Statutes of 1984.

(b) To create and fund a coordinated comprehensive mental health services system for children with serious emotional disturbance and to their families or foster families in participating counties.

(c) To develop a system which will include joint evaluation of the child, and give priority to all of the following:

(1) Enabling the child to remain at home whenever possible.

(2) Providing placement in the least restrictive and least costly setting consistent with the child's needs.

(3) Enabling the child to receive out-of-home services in as close a proximity as possible to the child's usual residence.

(d) To separately identify and categorize funding for these services.

5565.14. "Children with serious emotional disturbance," for the purposes of this chapter, means minors, under the age of 18 years, who meet the definition contained in Section 5697, and who are one or more of the following:

(a) A ward or dependent of the court, pursuant to Section 300, 601, or 602, and placed out-of-home.

(b) A special education student, as defined by paragraph 8 of subdivision (b) of Section 300.5 of Title 34 of the Code of Federal Regulations, and receiving residential care pursuant to an individualized education program. This section also includes special education students through age 21 identified in paragraph (4) of subdivision (c) of Section 56026 of the Education Code.

(c) An inpatient in a psychiatric hospital, psychiatric health facility, or residential treatment facility receiving services either on a voluntary or involuntary basis.

(d) An outpatient receiving intensive non-24-hour mental health treatment, such as day treatment or crisis services who is "at risk" of psychiatric hospitalization or out-of-home placement for residential treatment.

Article 2. State Administration

5565.20. There is hereby established a children's comprehensive mental health services system for children with serious emotional disturbance that is a comprehensive system of coordinated care based on the demonstration project under Chapter 7 (commencing with Section 5575) and the 1983 State Department of Mental Health planning model for children's services. Each participating county shall adapt the model to local needs and priorities.

5565.21. County participation under this chapter shall be voluntary.

5565.22. The State Department of Mental Health may contract

with counties whose programs have been approved by the department in accordance with Section 5565.23. A county may request to participate under this chapter each year according to the terms set forth in Section 5705.2 for the purpose of establishing a three-year program proposal for developing and implementing a children's comprehensive mental health services system. The contract shall be negotiated on a yearly basis, depending on the results of each implementation phase.

5565.23. The county program proposal, in its entirety, as well as the first-, second-, and third-year components, is subject to approval by the State Department of Mental Health. A county may be approved for participation when readiness is determined by the State Department of Mental Health and when the department determines that the program proposals submitted adequately meet program protocols which shall be developed by the State Department of Mental Health.

5565.24. The county program proposal shall be a joint proposal with all affected local agencies and shall include all of the following:

(a) The elements as described in Article 3 (commencing with Section 5565.30).

(b) Those elements that the county feels appropriate as described in the proposed planning model for the continuum of care for emotionally disturbed children published by the State Department of Mental Health in 1983.

(c) A detailed description of the cost benefit and cost avoidance of the program proposal.

5565.25. The State Department of Mental Health shall establish an advisory group comprised of, but not limited to, representatives from the State Departments of Education, Social Services, Mental Health, and the Youth Authority, representatives from the Conference of Local Mental Health Directors, California Council on Mental Health, County Welfare Director's Association, Chief Probation Officers Association, School Administrators Association, and a representative of the service providers from the private sector. The function of the advisory group shall be to advise and assist the state in the development of a coordinated, comprehensive mental health services system under this chapter and other duties as defined by the Director of Mental Health.

5565.26. The Legislature recognizes that the development of the comprehensive system under this chapter is different for small counties under 100,000 population. In recognition of that fact, the State Department of Mental Health shall establish a task force consisting of representatives from these small counties, from the Conference of Mental Health Directors, Conference of Welfare Directors, School Administrators Association and Chief Probation Officers Association to develop appropriate modifications and requirements of the model for these small counties. Recognition shall be given to the administrative costs involved in small county

program development.

Article 3. County Requirements

5565.30. Each county wishing to participate under this chapter shall develop a three-year program proposal for phasing in the children's comprehensive mental health services system. The three-year program proposal shall include all of the following:

(a) The components of the system the county proposes to implement in the first year which shall include a case management component.

(b) The components of the system the county intends to implement in the second year.

(c) The remaining components of the system the county intends to implement in the third year. All components shall be in place by the end of the third year.

5565.31. In addition, county program proposals shall contain all of the following:

(a) Use of existing service capabilities within the various agencies currently serving children's needs in that county.

(b) Interagency collaboration by all publicly funded agencies for children experiencing emotional disturbances.

(c) Appropriate written interagency protocols and agreements.

(d) Services for the most difficult to place children.

(e) Services permitting the child to reside in his or her usual family setting, whenever possible, in the interest of the child.

(f) Where a joint evaluation indicates that out-of-home care and treatment is required, insure that these services are provided in the least restrictive setting consistent with effective services and in as close proximity as possible to the child's usual residence.

5565.32. (a) No later than April 1 of each year, beginning with April 1, 1988, each county that wishes to participate in the program under this chapter shall have a program proposal for the development of a coordinated system of services to address the needs of children with serious emotional disturbance.

(b) Each county program proposal shall include protocols developed in the county for case assessment designed to do all of the following:

(1) Determine the least restrictive appropriate mental health treatment setting for each child.

(2) Plan and facilitate the provision of needed services for the child and family when necessary and monitor those services.

(3) Provide methods for client and family advocacy to occur within the system.

(c) Each county that wishes to participate in the program under this chapter shall initiate discussions with other public agencies serving children with serious emotional disturbance, including, but not limited to, special education, foster care, and child protective and

juvenile justice services to identify common needs and joint planning opportunities.

5565.33. Participating counties shall, prior to the submission of their program proposal, develop baseline data on children served by the county in the mental health services system, social services system, the juvenile justice system, and the special education system. Data shall include, but not be limited to, current expenditures for out-of-home care, nonpublic school placements and state hospital costs. This baseline data shall be submitted to the department as part of their program proposal.

5565.35. Counties shall demonstrate a maintenance of effort in children's services. Any reduction of existing Short-Doyle children's services shall be identified and justified in the program proposal developed under this chapter.

5565.36. Each participating county shall do both of the following:

(a) Develop an interagency children's policy council. The members of the council shall include, but not be limited to, the directors of major participating local government agencies, such as juvenile justice, district attorney, public defender, county counsel, sheriff, superintendent of county schools, public social services, mental health, and a representative of the private sector.

(b) Establish an interagency case management council.

Article 4. Reports

5565.40. The State Department of Mental Health shall have data available on the services provided through this chapter by March 1 of each year, including service utilization data, expenditures, and demonstrated cost savings and cost avoidance in the participating counties.

SEC. 2. The Legislature recognizes that county mental health staff with experience in developing these systems under the Children's Mental Health Services Act, Chapter 6.8 (commencing with Section 5565.10) of Part 1 of Division 5 of the Welfare and Institutions Code, can provide the best consultation to other county personnel. Use of county mental health staff shall be on approval of the local mental health director.

Notwithstanding any other provision of this act, compliance with the requirements resulting from this act shall be subject to appropriation through the Budget Act. In addition to Budget Act appropriations, funding may come from any source which may be available to the county.

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Assembly Bill No. 3920

CHAPTER 1474

An act to add and repeal Chapter 7 (commencing with Section 5575) of Part 1 of Division 5 of the Welfare and Institutions Code, relating to juveniles, making an appropriation therefor.

[Approved by Governor September 25, 1984. Filed with Secretary of State September 26, 1984.]

LEGISLATIVE COUNSEL'S DIGEST

AB 3920, Wright. Juveniles: mental health.

Existing law does not provide for a comprehensive system for the delivery of mental health services to children and youth, including families or foster families.

The bill would require the State Department of Mental Health to contract with the County of Ventura for the purpose of establishing a 2-year demonstration project for developing and implementing a model children's comprehensive mental health service system, as specified. The bill would appropriate \$200,000 to the department for purposes of this project. These provisions would be repealed on June 30, 1987.

Appropriation: yes.

The people of the State of California do enact as follows:

SECTION 1. Chapter 7 (commencing with Section 5575) is added to Part 1 of Division 5 of the Welfare and Institutions Code, to read:

CHAPTER 7. MENTAL HEALTH SERVICES FOR CHILDREN

5575. The Legislature finds that there is no comprehensive system for the delivery of mental health services to children and youth, including families or foster families. It further finds that services to children and youth are provided by various departments and agencies at both the state and county level, often without appropriate collaboration. The Legislature finds that mental health services to children in the County of Ventura are comparatively more comprehensive, involve more interagency collaboration, and provide a potential model program. Therefore, it is the intent of the Legislature to establish a two-year demonstration project in Ventura County to accomplish the following goals:

(a) Design and implement a comprehensive coordinated children's mental health service system as described in the 1983 State Department of Mental Health planning model.

(b) Build on existing service capabilities within the various

agencies currently serving children's needs.

(c) Provide for a joint evaluation or interagency consultation by all publicly funded agencies for minors experiencing emotional disturbances.

(d) Identify statutory and regulatory changes that would facilitate interagency cooperation.

(e) Develop appropriate interagency protocols and agreements.

(f) Develop appropriate services for difficult-to-place children.

(g) Provide services in a manner that gives priority to permitting the minor to reside in his or her usual family setting.

(h) Where a joint evaluation indicates that out-of-home care and treatment is required, ensure that these services are provided in the least restrictive setting consistent with effective services, and in as close proximity as possible to the minor's usual residence.

(i) Conduct research into children's mental health service system in order that the system may be evaluated for effectiveness of treatment and cost benefit on an ongoing basis.

(j) Provide for other counties or regions a replicable model for a comprehensive, coordinated children's mental health service system.

5576. The State Department of Mental Health shall establish a two-year demonstration project in Ventura County for identifying and evaluating the county's interagency mechanism whereby local agencies serving emotionally disturbed minors with public funds are effectively collaborating with each other on behalf of these minors.

5577. (a) The State Department of Mental Health shall contract with the County of Ventura, according to the terms set forth in Section 5705.2, for the purpose of establishing a two-year demonstration project for developing and implementing a model children's comprehensive mental health service system. The program, as developed, shall meet the goals stated in Section 5575. The project shall include the various elements described in the proposed planning model for continuum of care for emotionally disturbed children and youth, published by the State Department of Mental Health in October 1983.

(b) The system developed pursuant to subdivision (a) shall include joint evaluation of the child and shall give priority to all of the following:

(1) Enabling the minor to remain at home whenever possible.

(2) Providing placement in the least restrictive and least costly setting consistent with the minor's needs.

(3) Enabling the minor to receive out-of-home services in as close proximity as possible to the minor's usual residence.

(c) The contract pursuant to subdivision (a) shall include research into the county's mental health service system for children and youth in order that the system may be evaluated for effectiveness of treatment and cost benefit on an ongoing basis, and identification of a model for a comprehensive coordinated children's

mental health service system that can be replicated in other counties.

(d) The Director of Mental Health shall establish an advisory group comprised of, but not limited to, the following: representatives from the appropriate state departments, children services coordinators designated by the Conference of Local Mental Health Directors, the Citizens Advisory Council and the local mental health advisory boards. The function of the advisory group shall be to advise and assist Ventura County in the development of replicable model programs and other duties as determined by the Director of Mental Health.

(e) The demonstration project shall begin on April 1, 1985, and shall continue through June 30, 1987. During this period, the County of Ventura shall file progress reports each six months, beginning on December 1, 1985. The June 1, 1986, report shall also contain information on statutory and regulatory changes needed for interagency collaboration, and copies of interagency protocols and agreements that have been developed. The final report on the project shall be completed on or before June 30, 1987. This report shall be submitted to the State Department of Mental Health and to the Chairpersons of the Assembly Committee on Health, the Senate Committee on Health and Human Services, the Assembly Ways and Means Committee, and the Senate Finance Committee.

5578. The sum of two million eight hundred ninety-four thousand three hundred twenty-five dollars (\$2,894,325) is the estimated cost of the demonstration project which shall be administered by the State Department of Mental Health in accordance with the following schedule:

(1) Two hundred thousand dollars (\$200,000) is appropriated from the General Fund to the department for the 1984-85 fiscal year.

(2) The Legislature intends that one million five hundred forty-three thousand six hundred forty dollars (\$1,543,640) shall be appropriated in the 1985-86 Budget Act for the next four quarters of the demonstration project.

(3) The Legislature intends that the remaining one million one hundred fifty thousand six hundred eighty-five dollars (\$1,150,685) be appropriated from the 1986-87 Budget Act for the last three quarters of the demonstration project and wind down costs will be based on a review and evaluation of the demonstration project.

5579. This chapter shall remain in effect only until June 30, 1987, and as of that date is repealed, unless a later enacted statute, which is chaptered before June 30, 1987, deletes or extends that date.

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COLORADO

Policy: The Inter-Agency Transition Policy was developed in early 1986.

Parties involved: The agreement represents a coalition of Colorado's human service agencies consisting of the Colorado Department of Education (Special Education Unit); the State Board of Community Colleges and Occupational Education; the Department of Institutions including the Division of Developmental Disabilities, Mental Health, Youth Services and the Developmental Disabilities Planning Council; the Department of Labor and Employment; the Department of Social Services including the Division of Rehabilitation; the Governor's Job Training Office; the Regional Assessment and Training Center; and the Rocky Mountain Resource and Training Institute.

Purpose: The agreement addresses the issues of youth transitions from school to adult life. Transition is defined as "a carefully planned, outcome oriented process, initiated by the local education agency or primary service provider which establishes and implements a multi-agency service plan for each youth with special transition needs." The policy focuses on preparing youth with disabilities for "real work" and makes functional life skills curriculum available to those who need it.

Process: A transition plan, as a part of the Individual Education Program, is developed for every youth ages twelve and over with a disability. The Individual Transition Plan is developed by the local transition team and serves as an outline of services needed after graduation. Plans include five components: coordination (case management and local transition team), preparation (vocational assessment, work skills training, job readiness, life skills), employment (marketing, job development, placement), residential services (to maximize independent living) and support services (family services, therapy, transportation, advocacy, recreational and physical accessibility).

The policy was initially implemented at three pilot sites throughout the state. The process is predicated on the establishment of local transition agreements. The pilot sites are responsible for establishing local coalitions and developing local interagency agreements.

Relevance to children with emotional disabilities: The process serves any child with a disability. The divisions involved and the wide range of life areas included make this transition planning process adaptable to children with emotional disabilities, particularly if they are in the education system and have an Individualized Education Program.

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INTER-AGENCY TRANSITION POLICY

I. INTRODUCTION

State and national trends are challenging our service delivery systems to build functional bridges which will span the gulf between the often limited opportunities for persons with disabilities and the infinite possibilities inherent within our society. Improvements in special education and community based services are opening up new possibilities for vocational and community participation of even the most severely disabled individuals. Historically, the transition phase from school to adult life has typically consigned many individuals to sheltered workshops and activity centers. However, current philosophies and technologies are challenging our past "best practices" as we re-evaluate the potential contributions of our severely disabled citizens and as we further determine that these individuals can be productive members of society. As the panorama of possibilities unfolds, the traditional human services structures, previously often seen as obstacles to the general application of the new philosophies and technologies, are challenged to change and to modify so that they once again are on the fore-front of developing greater opportunities for the people they serve.

Colorado's human service agencies have accepted the challenge, and have forged a strong coalition to implement the necessary changes. This document, the result of that coalition, focuses on the issue of youth transitions from school to adult life, and presents a common policy and conceptual framework for addressing the issue. The following human service departments and agencies, participants in the coalition, have developed, and are presenting this document:

Colorado Department of Education
Special Education Unit

State Board for Community Colleges and
Occupational Education, Division of
Occupational Education

Department of Institutions
Division for Developmental Disabilities
Division of Mental Health
Division of Youth Services
Developmental Disabilities Planning Council

Department of Labor and Employment

Department of Social Services
Division of Rehabilitation

Governor's Job Training Office

Regional Assessment and Training Center

Rocky Mountain Resource and Training Institute

II. DEFINITION

Transitions occur whenever roles, locations, or relationships change; and, as a part of normal life, involve simple or complex changes. These transitions can be as subtle as learning to walk, or as major as making a career change. Education, not unlike other human experiences, is also subject to transitions, such as when a student moves from one level of education to the next, or when an individual evolves from the role of a student to assume the role of an adult in the world of work. The latter transition is significant for all youth moving from school to work, and has far reaching consequences. This transition is complex, involving decisions of career options, living arrangements, social and economic goals. It is to this transition process for handicapped students that this document is addressed.

Colorado's human service agencies have defined transition from school to adult life as: "a carefully planned, outcome oriented process, initiated by the local education agency or primary service provider which establishes and implements a multi-agency service plan for each youth with special transition needs. Transition planning focuses on a broad array of functional life skills (including, but not limited to, vocational, academic, social, and residential) which result in maximum independent functioning in the community". It is to this transition process for handicapped students that this document is addressed.

III. NEED

A statewide follow-up study of handicapped graduates of secondary schools in Colorado indicated that these graduates are not prepared to meet the challenges of adult life. The majority of these students were under or unemployed, socially inactive, and still living at home with their parents. This lack of knowledge, resources, and skills demonstrated by these handicapped graduates often results in continued dependence upon society as well as the loss of potential human

resources. (Mithaug and Horiuchi, 1983.) This and other studies validate the concern that transition planning is needed in Colorado. Colorado's human service agencies are proactively facilitating the transition process in response to this need, and are committing their efforts to actualize transition planning at the local level.

IV. POLICY STATEMENTS

The collaborating state agencies strongly believe, endorse, and support the following policy statements; and, it is in light of this consensus that they are presented. It is the policy of Colorado's human service agencies that:

- A. All Colorado citizens, including youth with disabilities, will have opportunities for full participation in work and community life.
- B. All human services systems in Colorado will assist individuals to achieve maximum independence and self-sufficiency.

V. POLICY OBJECTIVES

In order to carry out Colorado's common policy, the collaborating agencies agree that:

- A. All young people with disabilities will be prepared for and offered "real work" settings for "real wages" with access to necessary support services.
- B. All work opportunities will be geared to employer/industry needs.
- C. All work and learning opportunities offered will be commensurate with young people's level of ability and should be expected to change over time (i.e. career ladder opportunities).
- D. All youth with disabilities shall have access to "functional" life skills curriculum designed to prepare them to live and function in domestic, recreational, social, community and vocational environments.
- E. A transitional planning process, as a component of the Individual Education Plan, including identification of resources for implementation

(e.g. case management), will be initiated for every youth with a disability age 12 and over.

- F. All youth with a disability will have a written Individual Transition Plan, developed by the transition team (including representatives from community agencies) which will outline services to be provided upon graduation from school.
- G. All young people with disabilities will have access to appropriate residential options in integrated community based settings.
- H. To the extent possible, the Individual Transition Plan will be integrated into the planning documents of all coordinating agencies, and where possible, eliminate duplication of such plans.

VI. TARGET POPULATIONS

Children and youth with disabilities or handicaps will be served.

VII. OUTCOMES

This policy agreement is designed to direct interagency transition planning at the local level, thus insuring that youth with disabilities have access to the services and resources needed to enter adult life (and the world of work) successfully.

The expected local agency outcomes include:

- a) maximum coordination and utilization of agency resources (including financial, staff, equipment, and materials);
- b) development and integration of an array of transition service options;
- c) coordination of service delivery to avoid duplication; and,
- d) establishment of formal communication systems.

VIII. SERVICES

In order to operationalize Colorado's transition process, special attention must be paid to five identified key elements: Coordination, preparation,

employment, residential, and support services. Coordination maximizes existing resources, thus avoids duplication, and promotes continuity of service provision. Preparation encompasses a broad array of services and experiences which provide children and youth direction to achieve maximum independence in adult living and work environments. The employment and residential components rely on integrated, community services which provide to youth options to plan for maximum levels of self-sufficiency. The support services element addresses coordination of existing community resources such that youth with transition needs can access those resources to obtain, maintain, or enhance living and work options.

A. COORDINATION maximizes existing resources, thus avoids duplication and promotes continuity of service provision.

1. Case Management: A system in which a single accountable individual assures that each disabled youth receives:

- a. needs assessment;
- b. transition plan development and implementation;
- c. transition plan monitoring; and,
- d. advocacy services.

These services shall address identified needs and shall assist each individual in reaching maximum attainable independence.

2. Local Transition Team: A team composed of community agency service providers, the student, parents/guardians and other appropriate individuals. The team's purposes are:

- a. to develop the individualized written transition plan;
- b. to identify the agency which will assume case management responsibilities;
- c. to assign service responsibilities; and,
- d. to implement the transition plan.

B. PREPARATION encompasses a broad array of services and experiences which provide children and youth direction to achieve maximum independence in adult living and work environments.

1. Vocational Assessment: An ongoing, systematic process of gathering information regarding a person's abilities, aptitudes and interests

related to vocational training and employment potential.

2. Career Education: Educational programs and curricula which provide experiences designed to help individuals become oriented to select, prepare for, enter, become established, and advance in an individually satisfying and productive career.
 3. Career Counselling and Guidance: A process through which an individual understands his/her own interests, aptitudes, aspirations, achievements and potentials. He/she receives assistance in making appropriate vocational or career decisions based on his/her individual traits and based on the realities of job requirements and career opportunities.
 4. Vocational Education: Organized educational programs which are designed to prepare individuals for jobs that do not require a baccalaureate or higher degree.
 5. Work Skills Training: Educational programming designed to prepare individuals in learning work skills, habits and behaviors in community environments with supervision.
 6. Academic Skills Training: Formal educational training includes the basic skills such as language arts and math, and is generally liberal and classical rather than technical or vocational.
 7. Job Readiness/Job Seeking Skills: Preparation for obtaining, retaining and changing employment.
 8. Life Skills Training: Educational programming designed to prepare individuals to live and function in domestic, recreational, and vocational environments in the community.
 9. Individual Transition Plan: A written plan specifying goals, objectives, implementation methods, timelines and persons/agencies responsible for services to an individual during the transition period.
- C. EMPLOYMENT provides an array of services which rely on an integrated community basis and which

ultimately results in employment in the community.

1. Employer Marketing: The identification of employers' current and future needs with, in attempting to meet these needs, advocacy for the hiring of qualified handicapped individuals.
 2. Job Development: The process of developing and distributing job orders for specific jobs. This includes documenting and clarifying job tasks, qualifications and requirements, and then distributing such information to appropriate personnel.
 3. Job Placement and Job Search: The process of matching the requirements of the employer with the skills/capabilities of applicants for the purpose of placing qualified people in employment.
 4. On-the-Job Training (OJT): Learning actual skills and appropriate work behaviors while functioning at the worksite under supervision. The employer is responsible for the actual training at the job site and for payment of wages.
 5. Supported Employment: Paid employment in an integrated job setting with appropriate ongoing support services to employees with disabilities in order for the individual to work productively.
- D. RESIDENTIAL services provide an array of community based options which provide children and youth opportunities to maximize individual levels of self-sufficiency and independent living.
1. Residential Services provide an array of living options and support services required to allow maximum community residential independence.
 - a. Maximum Supervision provides continuous intensive 24-hour supervision, training, or support services.
 - b. Moderate Supervision provides continuous 24-hour supervision, training, or support services.
 - c. General Supervision provides accessible supervision, training, or support

services on a regular, ongoing basis.

d. Minimal Support provides periodic support or training services to insure continuance of maximum independent living.

2. Attendant Services: Specialized and individualized services which are necessary to accommodate or enhance an individual's personal care and/or health needs in order to maximize independent living.

3. Respite Care is a support service provided to individuals whose primary need is a short-term living arrangement for reasons of crisis assistance to the individual family, periodic family relief, family vacation, and/or interim living arrangements.

E. SUPPORT services addresses coordination and utilization of existing community resources such that youth with transition needs can access those resources to obtain, maintain, or enhance living and work options.

1. Family Services: Provided for families to enhance and foster the transition of individuals with disabilities into adult life.

2. Therapy Services: Provide physical, intellectual and/or emotional support to maintain or improve functioning.

3. Transportation: The array of public, private/non-profit or volunteer transportation systems that contribute to the overall mobility of persons with disabilities.

4. Advocacy Service: Services that contribute to the identification and elimination of factors that interfere with the full and equal participation of people with disabilities in all aspects of life.

5. Social, Recreation, Leisure Services: Provide normal community options which promote physical and mental health and contribute to quality of life functioning.

6. Accessibility Services: Arrange for work site accommodations, increased program/building access, and job modifications for individuals with disabilities.

IX. METHODOLOGY

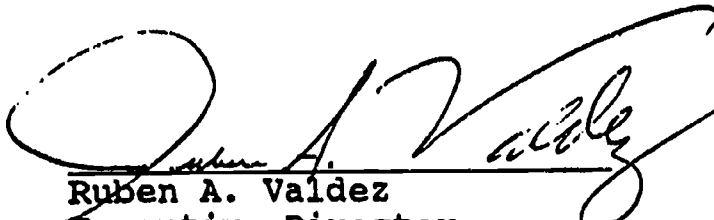
This transition policy and conceptual framework will be implemented on a pilot basis at three (3) sites throughout the state, and the subsequent evaluation of those three sites will provide further direction to the participating state agencies. The collaborating state agencies will designate the pilot sites, and will provide coordination, technical assistance, and training necessary for implementation. Model site designation and initial technical assistance will occur prior to December 31, 1986.

The attachments (Transition Process System Planning and Individualized Transition Planning Process) provide flow charts of the process as carried out by the agencies and as impacting the youth in transition. Briefly, the local education or other lead agency will convene a transition team with representatives of those local agencies seen as having potential services to offer. Included in the transition team will be the youth and his/her parents or guardians and advocates. The needs of the youth will be identified, service providers will be identified, and the Individualized Transition Plan will be developed. The Individualized Transition Plan will consider all needed service components, and will define objectives for the service providers. A case manager will be identified and will assume responsibility for insuring implementation and monitoring of the Plan. Once services have been initiated, ongoing assessment will determine the need for continuation of services. The Individualized Transition Plan will be monitored for the need to modify or revise until such time as the youth has either successfully transitioned to adult services with ongoing support (as needed), or has no further needs of the human service system.

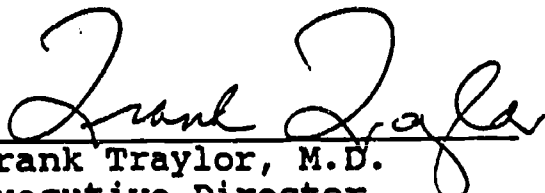
This process is predicated on the prior establishment of a local transition agreement, which identifies elements such as coordination and management responsibilities, service options, and lead agency designation. Major (priority) activities for the pilot sites will be to establish the local coalition and to develop the local interagency agreement(s).

X. ENDORSEMENTS


We, the undersigned Executive Directors of Colorado Departments of State Government, concur with the intent of this document and endorse the policy statements contained herein.




Ruben A. Valdez
Executive Director
Departments of
Labor and Employment and
Social Services



Frank Traylor, M.D.
Executive Director
Department of Institutions



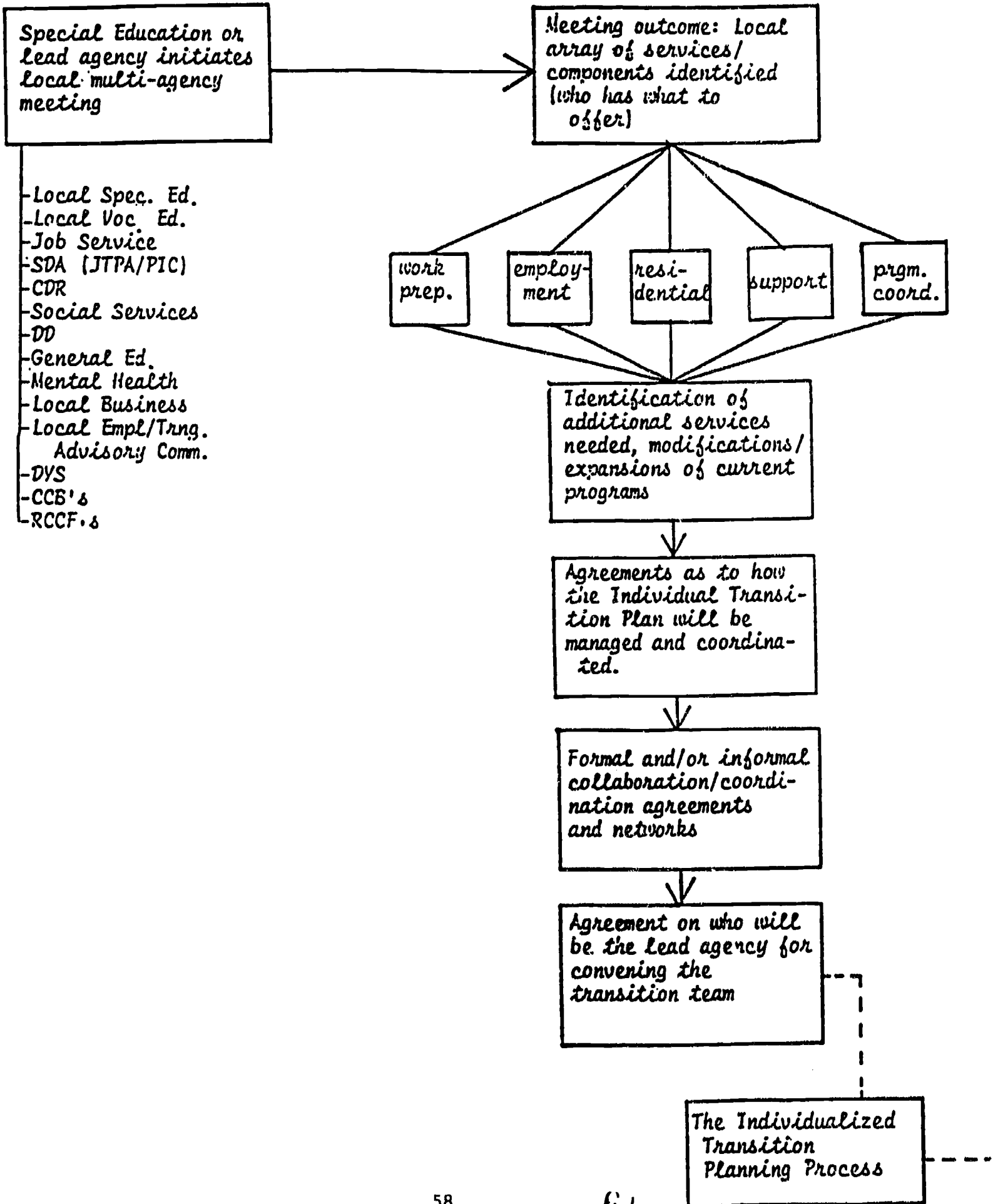
Calvin M. Frazier
Commissioner of Education
Department of Education



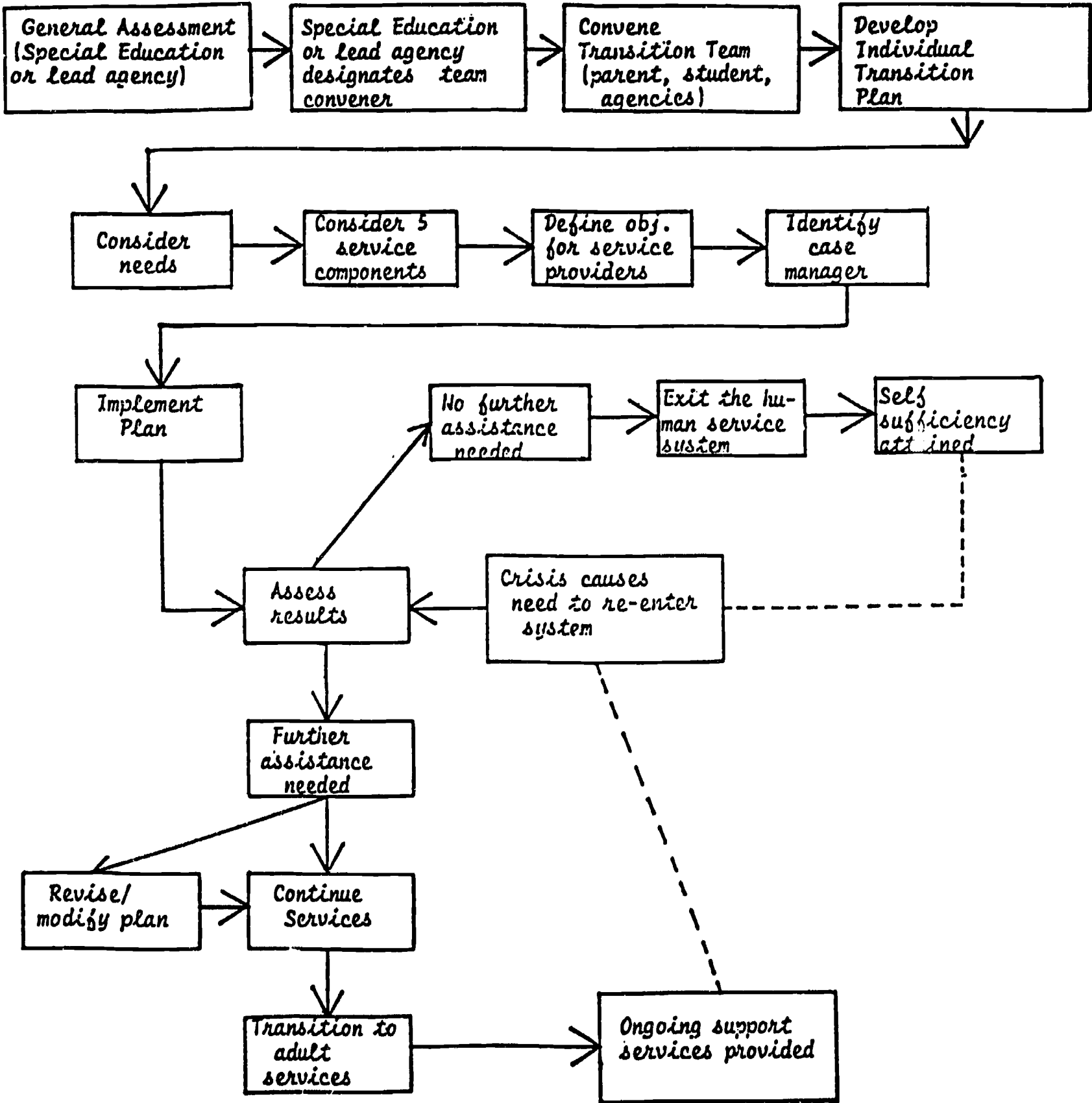
Jerome F. Wartgow, President
Colorado Community Colleges
and Occupational Education
System

Timothy Hall
Executive Director
Governor's Job Training
Office

TRANSITION PROCESS SYSTEM PLANNING



INDIVIDUALIZED TRANSITION PLANNING PROCESS



DELAWARE

Policy: Senate Bill 560 (Section 275-278) was passed as Delaware's 1986-1987 budget act.

Parties involved: Division of Alcoholism, Drug Abuse and Mental Health

Purpose: This legislation provides for the continuation of services to a group of young persons, between the ages of eighteen and twenty-one, as they leave the education system. The sum of \$225,400 was appropriated, for payment of the medical expenses associated with placement in private psychiatric hospitals for individuals who (because of acute psychotic episodes) were dismissed from private placements paid for by the Department of Public Instruction, but were still entitled to educational benefits under Public Law 94-142. The individual's private insurance benefits must first have been exhausted. The individual's educational expenses are borne by the home school district.

Secondly, \$174,400 was appropriated to the State Board of Education for the private placement of youth who turned eighteen during fiscal year 1987 and could not function in the classroom due to serious emotional disorders.

Third, the legislation directed the Departments of Education; Health and Social Services, and Alcohol, Drug and Mental Health; and Department of Children, Youth and Their Families to prepare a plan for in-state placement of all individuals.

Prior to passage of the legislation, the Office of Budget prepared a position paper that outlined several approaches to the transition problem. It examined the gap that occurs when individuals require education under Public Law 94-142 but are no longer covered by private insurance or are no longer eligible for public child welfare services because they are eighteen years of age. The position paper reviews the advantages of a state run program versus a program run by a private contractor and concluded that a state run program would be most cost effective.

As a result of the legislation, a request for proposals for a privately run transitional residential program that would treat the youth described above was issued. The program, New Horizon Preparatory School in Bear, Delaware, began accepting students in the Spring of 1988. It now serves 30 students ages fifteen through twenty-one in a program that emphasizes employment and independent living.

Relevance to children with emotional disabilities: The legislation directly addressed the problem of transition for youth with serious emotional disabilities by making money available to serve those youth currently "in transit." It established a separate residential program to serve youth who are ready to transition. Such legislation is unique to Delaware and is probably most appropriate to states with a small population of effected children. The legislation also called for interdepartmental planning and special services to this population.

Contact person: Jeanne Dunn
Project Director
Child and Adolescent Service System Program
Division of Child Mental Health Services
330 East 30th Street
Wilmington, Delaware 19802

(302) 633-2597

Section 275. Section 1 of this provides appropriations for Private Placement Programs of 18 - 21 year olds. The following governs the expenditure of those appropriations.

(a) Section 1 of this Act provides an appropriation of \$225.4 for Private Placement Aged 18 - 21 to the Office of the Director, Division of Alcoholism, Drug Abuse and Mental Health (35-06-01). This appropriation shall be used for the medical expenses associated with the placement in private psychiatric hospitals of individuals between the ages of 18 and 21, who, because of acute psychotic episodes, have been dismissed from private placement facilities paid for by the Department of Public Instruction and are still entitled to educational benefits under P.L. 94-142. These funds shall be used only after the individuals private insurance has been exhausted. The education expenses associated with these students shall be paid for by Homebound Instruction funds from the individuals home district.

(b) Section 1 of this Act provides an appropriation of \$174.4 to the State Board of Education Pass-through/K-12 Programs (95-01-06) for Private Placement Ages 18 - 21. This amount shall be used for the private placement at appropriate schools and programs of individuals who will be age 18 as of July 1, 1986, or will turn age 18 during Fiscal Year 1987 and suffer from serious emotional disorders that prohibit their functioning in a typical classroom.

(c) The Superintendent of the State Board of Education, the Secretary of the Department of Health and Social Services, the Director of the Division of Alcoholism, Drug Abuse and Mental Health and the Secretary of the Department of Services for Children, Youth and Their Families are hereby directed to prepare a plan for the in-state placement of individuals covered by this Section that incorporates integrated education and psychiatric treatment. The recommended plan shall be submitted to the Budget Director and the Controller General no later than December 31, 1986.

Section 276. Any provisions of the Delaware Code to the contrary notwithstanding, the Department of Public Instruction is authorized and directed to provide an aide for the purpose of providing mainstreaming services to elementary deaf students in the Lake Forest School District.

Section 277. For the Fiscal Year 1986, of those funds that would otherwise revert in Public Education Computer Education/Direct, Computer/Grant, line (95-01-03-01-87), the remaining balance shall be a continuing appropriation and shall be allocated to the purchase of leased equipment.

Section 278. For the Fiscal Year 1986, of those funds that would otherwise revert in Public Education, Pupil Transportation (95-08-01), the remaining balances shall be a continuing appropriation and shall be allocated to the purchase of school buses.

Synopsis

This bill is the Fiscal Year 1987 Budget Appropriations Act.

Author: Joint Finance Committee

CGO:JFC:am
0014G

ILLINOIS

Policy: Illinois adopted House Bill 892 in May 1985 (Illinois School Code, Section 14-3.01 and 14-3.02). Section 14-3.02 of the bill required the Governor's Planning Council to prepare a plan for transition services. This plan was developed in 1986 and an interagency agreement was signed endorsing the twelve recommendations of the plan. Cosigners of the interagency agreement were the executives from the Illinois State Board of Education, Department of Rehabilitation Services, Mental Health and Developmental Disabilities, and the Governor's Planning Council on Developmental Disabilities.

Parties involved: Governor's Planning Council on Developmental Disabilities

Purpose: This legislation amends the School Code and requires the Governor's Planning Council on Developmental Disabilities to develop a state plan for transition and to advise state and local educational agencies about the materials and educational programs that should be provided to children with disabilities regarding transition. The Council is required to develop a state plan for the identification, assessment, evaluation and referral of all children with disabilities to appropriate adult services when they reach the age of twenty-two or upon completion of a secondary school program.

The completed plan focuses on the problems associated with "aging out" of the special education system. The plan included twelve recommendations relevant to both systems change and individual planning. The plan calls for the initiation of a Transition Assistance Committee (TAC) to provide an interagency forum for transition policy and service development. The TAC has developed a transition planning and needs assessment data system, a post school follow-up survey and is presently coordinating a statewide pilot project initiative involving nine communities.

Process: Individual transition planning takes place at the local level in conjunction with the Individualized Education Program in most cases. Individual planning begins the year a child turns fourteen and continues throughout the remainder of his or her involvement in special education programs. Local committees are established for the purpose of interagency coordination. Transition planning is an outcome oriented process focusing attention on those school and post school services needed to enhance employment, community living, and continuing educational involvement. Small incentive grants (\$10,000) have been awarded to encourage use of the transition data system and the recommended transition planning process.

Relevance to children with emotional disabilities: This is an example of legislation that encourages planning for transition services. Continued involvement at the local level of professionals who work with emotional disabilities and continued parental involvement should result in a system that supports transitioning youth with serious emotional disorders.

Contact person: Paul Bates
Co-Director, Illinois Transition Project
Southern Illinois University
Special Education Department
Carbondale, Illinois 62901

(618) 453-2311

84th GENERAL ASSEMBLY

State of Illinois

1985 and 1986

Introduced March 21, 1985, by Representatives Madigan - Bowman - Deuchler -
Wojcik - Hartke

SYNOPSIS

(Ch. 122, par. 14-3.01)

Amends The School Code to require the Advisory Council on Education of Handicapped Children to develop a State plan by January 1, 1987 for the identification, assessment, evaluation and referral of all handicapped children to appropriate adult services when they reach 22 years of age and are not under the jurisdiction of The School Code. Also requires the Advisory Council to advise State and local educational agencies regarding educational programs and materials that may be provided to handicapped children to enable them to fully exercise their Constitutional and legal rights and entitlements as citizens.

LRB8402540RCml

Fiscal Note Act
may be applicable



A BILL FOR

1 AN ACT to amend Section 14-3.01 of "The School Code", 77
 2 approved March 18, 1961, as amended. 79

3 Be it enacted by the People of the State of Illinois, 83
 4 represented in the General Assembly:

5 Section 1. Section 14-3.01 of "The School Code", 85
 6 approved March 18, 1961, as amended, is amended to read as 86
 7 follows:

(Ch. 122, par. 14-3.01) 88

8 Sec. 14-3.01. Advisory Council. There is hereby created 90
 9 a special education Advisory Council on Education of 91
 10 Handicapped Children to consist of 15 members appointed by 92
 11 the Governor, who shall hold office for 4 years. No person 93
 12 shall be appointed to serve more than 2 consecutive terms on 94
 13 the Advisory Council. The terms of members serving at the 95
 14 time of this amendatory Act of 1978 are not affected by this
 15 amendatory Act. The membership shall include a handicapped 96
 16 adult, 2 parents of handicapped children, a consumer 97
 17 representative, a representative of a private provider, a 98
 18 teacher of the handicapped, a regional superintendent of an 99
 19 educational service region, a superintendent of a school 100
 20 district, a director of special education from a district of 101
 21 less than 500,000 population, a professional affiliated with 102
 22 an institution of higher education, and a member of the 103
 23 general public and the Director of Special Education for the
 24 Chicago Board of Education, as an ex-officio voting member. 104
 25 Of the members appointed after the effective date of this 105
 26 amendatory Act of 1978, the Governor shall appoint one member 106
 27 to an initial term of 2 years, one member to an initial term 107
 28 of 3 years and one member to an initial term of 4 years. 108
 29 Vacancies shall be filled in like manner for the unexpired
 30 balance of the term. 109

31 Because of the responsibility of the Department of 111
 32 Children and Family Services, the Department of Mental Health 112

1 and Developmental Disabilities and the Department of 113
 2 Rehabilitation Services for special education programs, the 114
 3 Director of the Department of Children and Family Services 115
 4 and the Director of the Department of Mental Health and 116
 5 Developmental Disabilities and the Director of the Department
 6 of Rehabilitation Services or their designees shall be 117
 7 ex-officio voting members of the Council. In addition, the 118
 8 Director of Alcoholism and Substance Abuse shall be an 119
 9 ex-officio, non-voting member.

10 The members appointed shall be citizens of the United 121
 11 States and of this State and shall be selected, as far as 122
 12 practicable, on the basis of their knowledge of, or 123
 13 experience in, problems of the education of handicapped 124
 14 children.

15 The State Board of Education shall seek the advice of the 125
 16 Advisory Council regarding all rules or regulations related 127
 17 to the education of handicapped children to be promulgated 128
 18 by it. The State Board shall seek the advice of the Advisory 129
 19 Council on modifications or additions to comprehensive plans 130
 20 submitted under Section 14-4.01. Additionally, the Advisory
 21 Council shall; (a) advise the General Assembly, the Governor 131
 22 and the State Board on the unmet needs in the education of 132
 23 handicapped children, (b) assist the State Board in 133
 24 developing and reporting data and evaluations which may 134
 25 assist the United States Commissioner of Education in the 135
 26 performance of his responsibilities under the Education of
 27 the Handicapped Act, (c) advise the State Board relative to 136
 28 qualifications for hearing officers and the rules and 137
 29 procedures for hearings conducted under Section 14-8.02 of 138
 30 this Act, (d) develop a State plan by January 1, 1987 for the 139
 31 identification, assessment, evaluation and referral of all 140
 32 handicapped children as defined by this Code to appropriate
 33 adult services when they reach the age of 22 and are not 141
 34 under the jurisdiction of this Code, including policies and 142
 35 procedures for the development of an individual case plan to 143

ADOPTED

WILLIAM W. BOYMAN

LRB8400254RCmlam01

1 AMENDMENT TO HOUSE BILL 892 12

2 AMENDMENT NO. 1. Amend House Bill 892, on page 1, 17

3 line 1, by inserting immediately after "of" the following:

4 "and to add Section 14-3.02 to"; and 19

5 on page 1, line 6, by inserting immediately after "is 21

6 amended" the following:

7 ", and Section 14-3.02 is added thereto, the added and 23

8 amended Sections"; and

9 on page 2, by deleting lines 30 through 35 and inserting in 25

10 lieu thereof the following:

11 "this Act,"; and 27

12 on page 3, by deleting lines 1 through 3 and inserting in 29

13 lieu thereof the following:

14 "and (d) comment publicly on any"; and 31

15 on page 3, line 6, by deleting "(f)" and inserting in lieu 33

16 thereof "(e)"; and

17 on page 3, by inserting after line 25 the following: 35

18 "(Ch. 122, new par. 14-3.02) 37

19 Sec: 14-3.02. The Governor's Planning Council on 39

20 Developmental Disabilities created by Executive Order Number 40

21 7 (1983) and amended by Executive Order Number 2 (1985) shall 41

22 develop a State plan by January 1, 1986 for the 42

Bowman

ADOPTED

MAY 09 1985

LRB8402540RCmlam01

1	AMENDMENT TO HOUSE BILL 892 AS AMENDED	12
2	AMENDMENT NO. <u>2</u> . Amend House Bill 892, as amended,	17
3	with page and line number references to House Amendment 1, on	18
4	page 1, line 21, by deleting " <u>January</u> " and inserting in lieu	
5	thereof " <u>July</u> "; and	19
6	on page 2, line 3, by inserting after " <u>22</u> " the following:	21
7	<u>"or upon completion of a secondary school program"</u> .	24

14

71

KANSAS

Policy: Kansas passed House Bill 2300 (Kansas Statutes Annotated 75-5372 to 75-5374) in April 1986. This act is referred to as the Transition into Employment-Adult Services Statute (TIE-AS).

Parties involved: Department of Social and Rehabilitative Services

Purpose: The legislation directs transitional planning for young adults with severe disabilities leaving special education services. The focus of the planning is on persons with mental retardation and other developmental disabilities. "Developmentally disabled" is defined to include persons with a severe, chronic disability that is attributable to a mental or physical impairment or combination of mental and physical impairments.

The Department of Social and Rehabilitation Services serves as a single point of entry into adult services. The Secretary of Social and Rehabilitation Services is directed to prepare transitional plans for included persons whose entitlement to special education has terminated or will terminate in the next two years. The statute allocates no new funds for transition planning so services must be provided within the confines of existing staff and resources.

Process: The local education authority may initiate the planning process for students in need of training services after leaving school. The process is begun two years before the child reaches the age of twenty-two or two years before termination from a special education program. Based on information provided by schools and parents, a transition plan is developed by the Department of Social and Rehabilitation Services. Parents may participate in the planning. The plan must identify the training services needed, the agencies charged with providing the training, the least restrictive environment for the provision of services and the expected duration of the need for services. The plan must be completed within six months of termination from the special education system.

The report on TIE-AS implementation during the first year (1987-88) states that Phase I implementation chose to concentrate on certain populations including persons with mental retardation, physical impairment, and autism as well as any student receiving Supplemental Social Security. Two demonstration sites were selected and funded by federal grant money. Community transition teams were identified at the local level to conduct a needs assessment and develop local plans.

Relevance to children with emotional disabilities: The Kansas legislation is aimed at children with mental retardation and developmental disabilities. Children with emotional disabilities who are within the special education system may benefit from this process, however, children with emotional disabilities who are not in special education will fall outside the process. Representation from mental health is not regularly included on the Community Transition Teams.

Contact Person: Dave Topp
Child and Adolescent Mental Health Services
Mental Health and Mental Retardation Services
State Office Building
Topeka, Kansas 66612-1570

(913) 296-3774

75-5364 to 75-5371. Reserved.

TRANSITIONAL PLANNING FOR DEVELOPMENTALLY DISABLED PERSONS

75-5372. Transitional planning for mentally retarded and other developmentally disabled persons; definitions. When used in this act:

(a) "Mental retardation" means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the period from birth to age 22.

(b) "Significantly subaverage general intellectual functioning" means performance that is two or more standard deviations below the mean score on a standardized intelligence test specified by the secretary of social and rehabilitation services.

(c) "Adaptive behavior" means the effectiveness or degree with which a person meets the standards of personal independence and social responsibility expected of that person's age, cultural group and community.

(d) "Developmentally disabled" means a severe, chronic disability of a person which is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before the person attains age 22; is likely to continue indefinitely; and results in substantial functional limitations in three or more of the following areas of major life activity: (1) Self-care; (2) receptive and expressive language; (3) learning; (4) mobility; (5) self-direction; (6) capacity for independent living; and (7) economic self-sufficiency; and reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated.

(e) "Training" means the provision of specific environmental, physical, mental, social and educational interventions and therapies for the purpose of halting, controlling or reversing processes that cause, aggravate or complicate malfunctions or dysfunctions of development.

(f) "Transitional plan" means a plan for a program of training services to a mentally retarded or other developmentally disabled person whose entitlement to services under a special education program has terminated

or will terminate as a result of such person's graduation or attainment of age 22.

(g) "Local education authority" means the special education interlocal or cooperative or school district responsible for the local special education program.

(h) "Special education program" means services that are provided pursuant to federal public law 94-142 (the education of all handicapped children's act) as implemented in Kansas through K.S.A. 72-961 *et seq.*

(i) "Secretary" means the secretary of social and rehabilitation services or the designee of the secretary.

History: L. 1986, ch. 311, § 1; July 1.

75-5373. Same; transitional plans. The secretary of social and rehabilitation services may, within available funding and staffing, prepare transitional plans for mentally retarded or other developmentally disabled persons whose entitlement to services under special education programs has terminated or will terminate within two years.

History: L. 1986, ch. 311, § 2; July 1.

75-5374. Same; training services information; duties of local education authority and secretary; transitional plan. (a) If the secretary provides services under this act and staff is available, a mentally retarded or otherwise developmentally disabled person who has been receiving special education under the provisions of K.S.A. 72-961 *et seq.* shall be eligible upon graduation or upon attaining the age of 22 years, whichever occurs first, to receive training services information in the manner hereinafter provided. The local education authority which is responsible for the education of a person shall, with the consent of the person or the person's parent or guardian, at least two years before such person attains the age of 22 years or at least two years before such person's graduation, whichever first occurs, determine whether such person may need continuation of training services and notify the secretary of the name and address of such person, the record of the special education services being provided to such person and the expected date of termination of such services. With 30 days after such notification, the secretary shall begin to prepare a case file on such person consisting of all available information relevant to the

questions of whether such person is a mentally retarded or otherwise developmentally disabled person and what training services may be necessary or appropriate upon termination or graduation. The local education authority, with the consent of such person or the person's parent or guardian, shall provide the secretary with copies of relevant portions of the record of such person, which shall be included in such person's case file. The secretary also shall provide an opportunity for the submission by or on behalf of such person, of information relative to such person's training needs and all information so provided shall be included in such person's case file.

(b) Upon receipt of a case file of a mentally retarded or otherwise developmentally disabled person, the secretary shall determine what training services may be necessary or appropriate and develop a transitional plan for such person. The parent or guardian may participate in the development of the transitional plan unless such participation is objected to by the person. The transitional plan shall include, but not be limited to, the following information: The training services found by the secretary to be necessary or appropriate to halt, control or reverse processes that cause, aggravate or complicate malfunctions or dysfunctions of development, the agencies that will provide such services, the location of the least restrictive environment in which such services will be provided and the expected duration of the need for such services. Each transitional plan shall be prepared and approved by the secretary no later than six months prior to the date each mentally retarded or otherwise developmentally disabled person attains age 22 or graduates, whichever occurs first.

(c) The secretary shall provide the person and the person's parent or guardian with the written copy of the transition plan developed for such person.

History: L. 1986, ch. 311, § 3; July 1.

MAINE

Policy: The Transition Coordination Act (20-A, Maine Revised Statutes Annotated, Chapter 308) was passed in April 1986.

Parties Involved: Committee on Transition, a subcommittee of the Interdepartmental Committee.

Purpose: The purpose of this act was to stimulate efficient and effective delivery of services to youth with disabilities in transition from school to the community. The act established an interdepartmental "Committee on Transition" (COT) which is a permanent subcommittee of the Interdepartmental Committee (IDC). The Interdepartmental Committee has successfully spun off small groups or subcommittees to work on specific issues.

The Committee on Transition includes representatives from several major state departments including: the Department of Education and Cultural Affairs, Department of Human Services, Department of Mental Health and Mental Retardation, Department of Labor, Department of Corrections and the Maine Planning and Advisory Council on Developmental Disabilities. Each department appoints a "parent/consumer" representative as well as a "service provider/local facility" representative to the committee. With the addition of these public representatives and an individual from the university system, the COT currently has nineteen members.

The Transition Coordination Act authorized the COT to select and fund pilot project sites. These local demonstration projects serve to coordinate existing services while at the same time collecting information about the needs of the population. The pilot project grants were awarded to local coordinating agencies--primarily to set up the agency, hire a transition counselor and conduct a needs assessment. Some grants were for one or two of these activities. Local projects were directed to spend existing funds before using grant funds. The legislation directed COT to return with a plan for a statewide service delivery model.

The act contained no appropriation of funds. COT member agencies contributed funds for local project awards and for COT staff reports. During the first year, COT awarded \$263,000 to seven projects, ranging from \$30,000 to \$41,000 per project. Contributions by COT member agencies in the second year of operation exceeded \$300,000. Each of the original seven projects received continuing fund for the second year.

Process: The process for referring and planning for individual children is determined in the local projects. The legislation provides for transition planning to cover youth ages fourteen to twenty-five. Children can stay in the special education system until they reach the age of twenty-one or graduate. The definition of transition included in the legislation emphasizes the role of the school:

"Transition means the coordination of school-based efforts and services with those services that are or will be provided by adult service agencies in preparation for later employment, community integration and independent living" (20-A MRSA C.308 7802-4).

Relevance to children with emotional disabilities: Part of the act amends another section and specifically includes persons with chronic mental illnesses in transition services. This portion of the act directs persons in the Department of Mental Health and Mental Retardation to participate in the coordination of services for the purpose of transition.

Contact person: Larry Glantz, Staff Director
Committee on Transition
University of Southern Maine
Human Services Development Institute
96 Falmouth Street
Portland, Maine 04103

(207) 780-4430

APPROVED

APR 24 '86

BY GOVERNOR

CHAPTER

768

PUBLIC LAW

STATE OF MAINE

IN THE YEAR OF OUR LORD
NINETEEN HUNDRED AND EIGHTY-SIX

H.P. 1592 - L.D. 2245

AN ACT Concerning Transitional Services for
Handicapped Persons Beyond School Age.

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 20-A MRSa c. 308 is enacted to read:

CHAPTER 308

TRANSITIONAL SERVICES COORDINATION PROJECTS
FOR HANDICAPPED PERSONS

§7601. Purpose

It is the purpose of this chapter to stimulate through the activities of pilot projects a more effective and efficient delivery of services to handicapped youths in transition from school to the community by:

1. Coordination. Coordinating existing programs presently provided for these youths by the Department of Human Services, the Department of Mental Health and Mental Retardation, the Department of Educational and Cultural Services and other public and private agencies;

2. Delivery. Delivering services only to meet identified unmet needs; and

3. Future recommendations. Using results of these pilot projects to determine the best direction for future recommendations to serve this population.

§7802. Definitions

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.

1. Adult service agencies. "Adult service agencies" are those public and private agencies which provide services, as defined in this section, to youths and adults who are no longer eligible for school services due to graduation or becoming age-ineligible under Title 20, section 7001, subsection 2.

2. Handicapped youths in transition. "Handicapped youths in transition" are those youths who have attained the age of 14 years and meet the eligibility criteria as defined in the United States Rehabilitation Act, Public Law 93-112, Section 504, as amended.

3. Services. "Services" means those activities undertaken to screen, evaluate, identify, plan and provide special education, habilitation, rehabilitation, vocational and related services to handicapped persons in transition from school to community.

4. Transition. "Transition" means the coordination of school-based efforts and services with those services that are or will be provided by adult service agencies in preparation for later employment, community integration and independent living.

§7803. Interdepartmental coordination

An Interdepartmental Coordinating Committee for Handicapped Youth in Transition pursuant to Title 5, chapter 379, representing the Department of Educational and Cultural Services, the Department of Human Services, the Department of Mental Health and Mental Retardation and the public, shall be appointed by the 3 commissioners to work with the department to establish guidelines, including continuation applications, to monitor grants and to evaluate the performance of programs developed through the grants.

The members of this committee shall be compen-

sated in accordance with Title 5, chapter 379.

§7804. Authorization for expenditure of funds

1. Pilot projects. Through a competitive process the committee, as established in section 7803, shall select and fund pilot project sites designed to demonstrate the effective delivery of services to handicapped youths in transition by coordinating existing programs, where possible, and establishing a mechanism for ongoing coordination of programs for handicapped youths in transition at a local or regional level, including local educational agencies, community mental health centers, regional mental retardation services, regional rehabilitation programs and other public and private agencies as appropriate. Each pilot project shall establish a method to identify unserved and underserved handicapped youths in transition and develop services for these youths.

2. Rules. The committee shall promulgate rules that assure participation at the local level by agencies currently serving handicapped youths in transition from school to community. They shall require that existing resources for providing services to handicapped youths in transition be exhausted prior to using grants funds to provide services.

3. Fiscal agent. The agency, institution or school administrative unit receiving a grant under this chapter may function only in the role of fiscal agent, as described in rules promulgated by the department for regulating the local administration of these programs.

4. Local coordinating committee. A local coordinating committee, organized prior to application for receipt of a grant, shall be responsible for governance of each local program. Membership shall include representatives of transitional services programs in the region to be served by the grant; representatives of the appropriate regional offices of the Department of Human Services and the Department of Mental Health and Mental Retardation; representatives of participating school administrative units; representatives of adult service agencies, including rehabilitation facilities; parents of handicapped chil-

dren; and other community members as appropriate. Terms of membership and methods of appointment or election shall be determined by local coordinating committee bylaws, subject to approval of the committee. Responsibilities of local coordinating committees shall be detailed in the rules promulgated by the committee.

5. Evaluation. Continuous evaluation of the pilot projects shall be required and shall be an integral part of each pilot project. The committee shall determine the expected outcome goals of the pilot projects and shall cause to be developed an evaluation design to determine the success of the pilot projects.

The 3 commissioners shall present to the Legislature an interim report prior to December 15, 1987. This report shall provide an assessment of the planning efforts of the State Interdepartmental Coordinating Committee for Handicapped Youths in Transition. In addition, this report shall contain any recommendations, including legislation for the continuation or expansion of the pilot projects.

The 3 commissioners shall present to the Legislature a final report prior to December 15, 1988. This report shall provide an evaluation summary of the pilot projects and recommendations, including legislation, necessary to carry out a statewide service delivery system with an implementation schedule to begin July 1, 1989.

§7805. Transitional services coordinator

The position of transitional services coordinator to the Department of Educational and Cultural Services, Division of Special Education shall be established to coordinate the department's activities and involving both the Bureau of Vocational Education and the Division of Adult Education, regarding the coordinated delivery system for handicapped youths in transition from school to community. This coordinator will also serve as staff to the committee as established in section 7303.

Sec. 2. 22 MRSA §3055, sub-§8, as enacted by PL

1969, c. 457, §1, is amended to read:

8. Eligibility and priority. Shall determine the eligibility of individuals for rehabilitation services or evaluation and work adjustment services and the priority therefor, in accordance with rules and regulations established by the department; and

Sec. 3. 22 MRSA §3055, sub-§9 is enacted to read:

9. Transitional services coordination projects. Shall participate in the coordination of rehabilitation services with local transitional services coordination projects for handicapped youths, as established in Title 20-A, chapter 308, assigning appropriate regional staff and resources as available and necessary in each region to be served by a project.

Sec. 4. 34-B MRSA §3004, sub-§3, ¶¶B and C, as enacted by PL 1983, c. 580, §6, are amended to read:

B. Assess service needs, monitor service delivery related to these needs and evaluate the outcome of programs designed to meet these needs in order to enhance the quality and effectiveness of community support services; and

C. Prepare a report which describes the system of community support services in each of the mental health service regions and statewide.

(1) The report shall include both existing service resources and deficiencies in the system of services.

(2) The report shall include an assessment of the roles and responsibilities of mental health agencies, human services agencies, health agencies and involved state departments and shall suggest ways in which these agencies and departments can better cooperate to improve the service system for people with chronic mental illness.

(3) The report shall be prepared biennially and shall be submitted to the joint standing

committee of the Legislature having jurisdiction over health and institutional services by January 15th of every even-numbered year.

(4) The committee shall review the report and make recommendations with respect to administrative and funding improvements in the system of community support services to persons with chronic mental illness; and

Sec. 5. 34-B §3004, sub-§3, ¶D is enacted to read:

D. Participate in the coordination of services for persons with chronic mental illnesses with local transitional services coordination projects for handicapped youth, as established in Title 20-A, chapter 308, assigning appropriate regional staff and resources as available and necessary in each region to be served by a project.

Sec. 6. 34-B MRSA §5433, sub-§§3 and 4, as enacted by PL 1983, c. 459, §7, are amended to read:

3. Cooperation. Cooperate with other state agencies, municipalities, other governmental units, unincorporated associations and nonstock corporations in order to provide and help finance services and programs for mentally retarded persons; and

4. Available funds. Receive and use for the purpose of this ~~Article~~ article money appropriated by the State, grants by the Federal Government, gifts from individuals and money from any other sources; and

Sec. 7. 34-B MRSA §5433, sub-§5 is enacted to read:

5. Transitional services coordination projects. Participate in the coordination of services for mentally retarded persons with local transitional services coordination projects for handicapped youths, as established in Title 20-A, chapter 308, assigning appropriate regional staff and resources as available and necessary in each region to be served by a

MARYLAND

Policy: The Maryland legislature passed Joint Resolution 21 (also referred to as House Joint Resolution 40) in 1985. In addition to this Resolution three cooperative agreements support the effort.

Parties involved: The legislation has been implemented by the Maryland State Divisions of Special Education, Vocational Technical Education, and Vocational Rehabilitation. These three divisions are contained within the Department of Education and are involved in the three cooperative agreements. The first cooperative agreement is between the Maryland State Department of Education, Division of Vocational Rehabilitation; and the Department of Health and Mental Hygiene, Mental Retardation and Developmental Disabilities Administration, and was signed in June, 1986. The second cooperative agreement is between the Divisions of Special Education, Vocational-Technical Education, Vocational Rehabilitation and Compensatory, Urban and Supplementary Programs and was signed in December, 1986. The third cooperative agreement is between the Department of Education, Division of Vocational Rehabilitation, and the Department of Health and Mental Hygiene, Mental Hygiene Administration, and was signed in December 1987.

Purpose: The legislation requires the divisions of Special Education, Vocational Education and Vocational Rehabilitation to work cooperatively to develop and implement an Individualized Educational Plan for each student with a disability with the goal of achieving a successful transition to meaningful work. The focus is on persons with mental retardation and developmental disabilities but does not exclude emotional disorders. The act calls for the three divisions to develop an Individualized Educational Plan that addresses transition needs for each student with a disability during the school year that the child attains fourteen years of age.

Each of the three cooperative agreements has a different purpose. Following the passage of Joint Resolution 21, the Maryland State Department of Education revised a 1980 cooperative agreement which existed among the divisions of Special Education, Vocational Technical Education and Vocational Rehabilitation. The 1986 revisions included adding the Division of Compensatory, Urban and Supplemental programs (now the Division of Compensatory Education and Support Services), the inclusion of content related to the amendments to Public Law 94-142 and the applicable portions of the Carl D. Perkins Vocational Education Act. The initial 1980 cooperative agreement assured collaborative service delivery to persons with disabilities. The revisions added a greater emphasis on the provision of vocational preparation and transition support.

Concurrent with the revision of the cooperative agreement, the Division of Vocational Rehabilitation joined in an agreement with the Maryland Department of Health & Mental Hygiene, Developmental Disabilities Administration; the John Kennedy Institute, and others for the purpose of promoting employment opportunities. The agreement adopted the supported employment model, and encouraged the system to change from an emphasis on sheltered workshops to increased use of supported employment in community work sites.

A 1987 agreement involving the Maryland State Department of Education, Division of Vocational Rehabilitation and the Maryland Department of Health and Mental Hygiene promoted supported employment for persons with severe disabilities and chronic mental illness.

Process: The state of Maryland has twenty-four school districts and prefers to work with the local districts directly. An interdivisional agreement was developed in 1980 that started the state toward transition planning. This agreement led to local agreements which encouraged interteam work within each school district.

83

There has also been an active Transition Task Force in Maryland established in 1985 and representing five divisions of the Department of Education. Activities of this task force include conducting a youth and employer needs survey, sponsoring employee forums and technology workshops, establishing an intradivision computer network, and coordinating a statewide supported employment project.

It is important to note that Vocational Rehabilitation is a division within the Department of Education in Maryland. This allows most transition planning to be done within the Department of Education rather than between departments.

Relevance to children with emotional disabilities: The Maryland General Assembly legislation and the three cooperative agreements require joint planning and cooperative service delivery, support transition planning for all youth and increase opportunities for supported employment. Increased opportunities for supported employment in conjunction with automatic transition planning initiated by the schools provides important access to youth with serious emotional disabilities. Both the legislation and the agreements place a heavy emphasis on the role of employment in the transition process and are less specific about the other services that transitioning youth may need.

Contact person: Rosanne S. Hammes, Transition Specialist
Division of Special Education, Compensatory and Support Services
Maryland State Department of Education
200 W. Baltimore Street
Baltimore, Maryland 21201

(301) 333-2542

JOINT RESOLUTION 21 (1985)

(As signed by the President of the Senate and the Speaker of the House)

HJR 40 - Education - Handicapped Persons - Transition
to Meaningful Work*

Sponsor: Delegate Lucille Maurer (Montgomery County)

A House Joint Resolution concerning

Education - Handicapped Persons -
Transition to Meaningful Work

FOR the purpose of urging, by a certain time, the Divisions of Special Education Vocational Education, and Vocational Rehabilitation of the Department of Education to work cooperatively to develop and implement the Individual Educational Plan for each handicapped student with a goal of achieving the successful transition of the student to meaningful work.

WHEREAS, All handicapped persons between the ages of 0 and 21 have a right to a free and appropriate education as provided under the Maryland Raine decree and under Public Law 94-142; and

WHEREAS, Upon graduation, or upon reaching the age of 21, handicapped persons are no longer eligible for special education services; and

WHEREAS, The Special Education, Vocational Education, and Vocational Rehabilitation Divisions of the Maryland State Department of Education have the responsibility to provide appropriate training and rehabilitation to prepare handicapped persons for the world of meaningful work; and

WHEREAS, Transition from Special Education to meaningful work requires appropriate and timely training and preparation; now, therefore, be it

RESOLVED BY THE GENERAL ASSEMBLY OF MARYLAND, That not later than a school year in which a handicapped student reaches the age of 14, the Divisions of Special Education, Vocational Education, and Vocational Rehabilitation should work cooperatively in the development and implementation of the Individual Educational Plan for each handicapped student with the goal of achieving a successful transition to meaningful work for the student; and be it further

RESOLVED, That copies of this Resolution be sent by the Department of Legislative Reference to David W. Hornbeck, State Superintendent; Martha J. Irvin, Assistant State Superintendent, Division of Special Education; Addison Hobbs, Assistant State Superintendent, Division of Vocational-Technical Education; and Richard A. Batterton, Assistant State Superintendent for Vocational Rehabilitation, each of whom is located at the Department of Education, 200 West Baltimore Street, Baltimore, Maryland 21201.

*Text reproduced exactly as it appears in the signed version of the resolution.

MARYLAND STATE DEPARTMENT OF EDUCATION
COOPERATIVE AGREEMENT: THE DIVISIONS OF SPECIAL EDUCATION
VOCATIONAL-TECHNICAL EDUCATION, VOCATIONAL REHABILITATION, AND
COMPENSATORY, URBAN, AND SUPPLEMENTARY PROGRAMS

I. PREAMBLE

It is the philosophy of the Maryland State Department of Education (MSDE) that all handicapped children are entitled to an appropriate public education, which will prepare them for adult life. To this end, the Divisions of Special Education (DSE), Vocational-Technical Education (DVTE), Vocational Rehabilitation (DVR), and Compensatory, Urban and Supplementary Programs (CUSP), are committed to develop cooperatively a comprehensive network of instructional and supportive services for handicapped students to help them make the transition from school to community.

Legislative support for this cooperative effort is provided through the Maryland General Assembly's enactment of House Joint Resolution No. 40 in October, 1985 (which became Joint Resolution No. 21) calling for the "Divisions of Special Education, Vocational Education, and Vocational Rehabilitation to work cooperatively to develop and implement the Individual Education Plan for each handicapped student with a goal of achieving the successful transition of the student to meaningful work".

This cooperative process is based upon a mutual commitment to the placement of handicapped persons in the least restrictive environment as well as a commitment to the provision of coordinated services for the handicapped. To accomplish this, MSDE, through the aforementioned Divisions, will jointly plan cooperative activities as well as seek cooperation from other service provider agencies within the state.

The Divisions agree to work together to provide appropriate services to handicapped persons by:

- A. Taking primary responsibility for assisting local education agencies in the development and implementation of instructional programs and supportive services to serve handicapped persons.
- B. Assuring that handicapped persons eligible for services under specified federal and state mandates receive those services to which they are entitled.
- C. Fostering communication among service provider agencies and organizations in order to create better understanding of the needs, options, and opportunities associated with transitioning.
- D. Defining strategies through which agencies and organizations can collaborate to meet the continuing needs of students as they make the transition from school to work or further education.

II. SERVICE DELIVERY

The delivery of appropriate instructional and support services to individual handicapped persons and transition planning is the intent of the Divisions in developing this Cooperative Agreement.

A. Division of Special Education

- 1. DSE will develop guidelines and provide technical assistance to local school systems to assure that:
 - a. Students have been provided with prerequisite personal adjustment, academic, and prevocational skills prior to being referred for vocational education.
 - b. The Admission, Review, and Dismissal process is conducted in accordance with the regulations stated in COMAR 13A.05.01.

- c. The special education services specified on the student's Individualized Education Plan (IEP) are delivered. The IEP must include appropriate vocational and guidance components that are in accordance with federal and state regulations.
2. In cooperation with the DVTE, DVR, and CUSP, DSE will provide inservice and technical assistance to appropriate staff at the state and local level to facilitate the delivery of vocational-technical and educational services to the handicapped.
3. DSE will require that all project applications submitted for funding under P.L. 94-142 Education of the Handicapped Children Act, which are to be used to support vocational education services for the handicapped, must be developed by special education personnel in cooperation with vocational education personnel at the local level.

When these projects are submitted for approval at the state level, this information will be shared with the DVR and DVTE for planning purposes.

4. Through the DSE Special Services Information System, DSE will track the delivery of services to the handicapped provided by special education, vocational education, vocational rehabilitation, and guidance and counseling at the local level. The data will be shared with appropriate MSDE and local agency staff.
5. Representatives from the cooperating divisions will serve on the DSE monitoring and evaluation teams. Problems identified through the evaluation process will be shared with the respective Divisions to assist in a cooperative approach to resolution, when appropriate.
6. DSE will assume leadership for transition planning procedures and activities such as:

- a. Establishing guidelines for the development and implementation of transition plans for each handicapped student by local agencies.
 - b. Providing technical assistance to other divisions, local education agencies, adult service providers, and other organizations involved in working with the handicapped.
7. DSE will cooperate with other Divisions in collecting data, in conducting studies, investigations, and evaluations, and by sharing the results of these efforts, as appropriate.

B. Division of Vocational-Technical Education

1. DVTE will monitor the degree to which equal access is provided to handicapped individuals in recruitment, enrollment, and placement activities.
2. DVTE will monitor the process utilized by local education agencies so that equal access is provided to handicapped individuals throughout the full range of vocational programs available to non-handicapped individuals, including occupationally specific courses of study and cooperative education.
3. DVTE will require that vocational education programs and activities for handicapped individuals are provided in the least restrictive environment to the degree that non-handicapped individuals are served and will, whenever appropriate, be included as a component of the IEP.
4. DVTE will require evidence that vocational education planning for handicapped individuals is coordinated between appropriate representatives of DVR, DSE, and CUSP.

5. DVTE will require evidence from each local education agency that information to handicapped students and their parents/guardians concerning the opportunities available in vocational education and the eligibility requirements for enrollment in such vocational education programs is provided . This shall occur at least one year before the student enters the grade level in which vocational education programs are first generally available in the state, but in no event later than the beginning of the ninth grade.
6. DVTE will require, in cooperation with DSE and CUSP, that each handicapped student who enrolls in a vocational education program receives:
 - a. An assessment of his/her interests, abilities, and special needs with respect to completing successfully the vocational education program;
 - b. Special support services, including adaptation of curriculum, instruction, equipment, and facilities designed to meet his/her needs;
 - c. Guidance, counseling, and career development activities conducted by counselors who are professionally trained to provide such special services;
 - d. Counseling services designed to facilitate the transition from school to post-school employment and career opportunities.
7. DVTE will provide inservice and technical assistance in cooperation with DSE, DVR, and CUSP to special education and vocational education personnel at the local level as well as to vocational rehabilitation staff in an effort to facilitate the delivery of vocational services to the handicapped.

8. DVTE will monitor the delivery of vocational education services to the handicapped through its data collection system using the monitoring and evaluation procedures as outlined under P.L. 98-524, The Carl D. Perkins Vocational Act of 1984.
 - a. Results will be shared as appropriate
 - b. Staff from DSE, DVR and CUSP will participate in the DVTE monitoring process
9. DVTE staff will monitor the participation of appropriate local vocational education staff in the special education ARD process.
 - a. When appropriate, vocational representatives at the local level will participate in the development of the vocational-technical component of the IEP.
 - b. They will contribute to any Individual Education plans developed in response to House Joint Resolution No. 40 setting goals for the achievement of the successful transition of the student to meaningful work.
10. DVTE will work cooperatively with DSE, DVR, and CUSP, local education agencies, adult service providers, and others to develop guidelines and provide technical assistance for programs that assist handicapped students in making the transition from school to adult life.
11. DVTE will work cooperatively with the other Divisions in collecting data, in conducting studies, investigations, and evaluations and by sharing the results of these efforts, as appropriate.

C. Division of Vocational Rehabilitation

1. DVR will be responsible for the coordination of training and placement services for handicapped persons who have recently graduated, completed, or terminated a public school program. Development of a service plan will be done in consultation with local school system personnel, as appropriate. The content of the plan will be complementary to the outcomes of the IEP, and the anticipated needs of the student.
2. DVR will accept referrals and begin assessment as early as deemed necessary to determine the student's eligibility for vocational rehabilitation, but no later than the student's last year of school. Students eligible for rehabilitation must have handicaps which are expected to substantially impede their employment upon completion of the school program but for whom employment seems feasible. Generally, these students will be placed in the training program provided by the local school system but may receive diagnostic and vocational assessments, counseling, and support services. Coordinated goals for post-secondary services will be developed.
3. DVR, in cooperation with CUSP, DSE, and DVTE, will provide inservice and technical assistance to administrative and regular educators, counselors, and special education and vocational education personnel at the local level and vocational rehabilitation staff in an effort to facilitate the delivery of vocational education services to the handicapped.
4. DVR staff will participate as team members in the monitoring and evaluation procedures and assist in developing joint activities toward addressing the problems identified.

5. DVR will accept responsibility for providing rehabilitation services for eligible handicapped students who have voluntarily withdrawn from school, or are anticipating withdrawal, and for whom a referral has been made to DVR by an official of a local education agency. In every instance, DVR will determine if the individual is interested in staying in school. If appropriate, DVR will confer with educational staff in the school system or jurisdiction in an attempt to have structured within the system an educational and/or vocational education program or support service that would lead to the student's completion of an appropriate course of study.
6. DVR staff will participate in local agency ARD meetings and the development of the IEP upon invitation when vocational rehabilitation services are deemed appropriate. Staff will also serve in an advisory capacity to develop appropriate referrals and offer advice on vocational issues.
7. DVR will cooperate with transitioning activities and assist students in planning for appropriate vocational adjustment after completion of school. DVR will also participate in the development and implementation of plans for students in transition and provide support services for eligible students.
8. DVR will participate in in-service training activities related to transitioning and in informational meetings among Divisions, and will share information pertinent to enhancing the cooperation of the Divisions.
9. DVR will work cooperatively with the other Divisions in collecting data, in conducting studies, investigations, and evaluations, and by sharing the results of these efforts, as appropriate.


D. Division of Compensatory, Urban, and Supplementary Programs

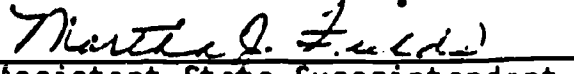
- 1. CUSP, through the Pupil Services Branch (counselors, psychologists, pupil personnel workers, school health specialists, and employability specialists) will assure that personnel at the local service level will:**
 - a. Assist in the identification of students with handicapping conditions and in the administration of certain initial screening tests.**
 - b. Serve as a member of the local education agency's ARD committee as appropriate, and assist in the development and implementation of IEPs.**
 - c. Provide input to appropriate staff as to a student's present level of functioning, affective needs, and the appropriateness of certain programs to meet those needs.**
 - d. Provide counseling on issues related to the educational objectives stated in the IEPs for students with handicapping conditions and their parents/guardians.**
 - e. Identify the psychological needs of students through consultation, observation, and assessment.**

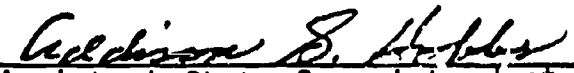
- f. Develop, implement, and evaluate direct and indirect psychological interventions for students who have need of such services.
 - g. Serve in a liaison capacity with vocational-technical schools and other agencies in matters relating to students with handicapping conditions.
 - h. Work cooperatively with special education personnel in the maintenance and use of career folders for transition planning.
2. CUSP, in cooperation with DVTE, DVR, and DSE, will provide inservice and technical assistance to appropriate staff at the state and local level to facilitate the delivery of career guidance services to the handicapped.
 3. CUSP will participate with the other Divisions in monitoring and evaluating the delivery of guidance and career education services to the handicapped. Problems identified through the evaluation process will be shared with the respective Divisions in an effort to obtain resolution.
 4. CUSP will work cooperatively with the other Divisions in collecting data, conducting studies, investigations, and evaluations, and by sharing the results of these efforts, as appropriate.
 5. CUSP, in cooperation with the other service Divisions, local education agencies, adult service providers, and others will develop guidelines and provide technical assistance for the purpose of assisting the handicapped student to make the transition from school to adult life. This will include contributing to Individual Education Plans and transition plans developed in response to House Joint Resolution No. 40

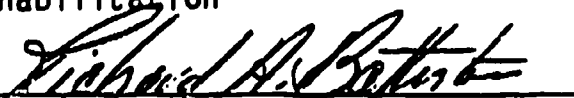
In accordance with the established procedures, this Agreement will be distributed to Superintendents of Schools, Supervisors for Instruction, and Directors of Special Education, Vocational-Technical Education, and Pupil Services. In addition, it will be distributed to Regional Supervisors of Vocational Rehabilitation.


It is further agreed that each Division will designate personnel who will be responsible for coordinating program development and for providing inservice training and materials, and technical assistance to local school systems and rehabilitation personnel.

Maryland State Department
of Education
By 
DAVID W. HORNBECK
Superintendent of Schools

Division of Special Education
By 
Assistant State Superintendent
Date: 11/24/86

Division of Vocational-Technical
Education
By 
Assistant State Superintendent
Date: 12/9/86

Division of Vocational
Rehabilitation
By 
Assistant State Superintendent
Date: 11/24/86

Division of Compensatory, Urban,
and Supplementary Programs
By 
Date: 12/4/86

COOPERATIVE AGREEMENT

BETWEEN THE

**MARYLAND STATE DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION**

and

**MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES ADMINISTRATION**

Concerning

The Supported Employment Initiative

June 16, 1986

The Division of Vocational Rehabilitation (DVR) of the Department of Education (DE) and the Mental Retardation and Developmental Disabilities Administration (MRDDA) of the Department of Health and Mental Hygiene (DHMH) wish to promote employment opportunities for Maryland's citizens who have severe developmental disabilities. Additionally, both agencies recognize that persons with severe disabilities may require appropriate "ongoing" support services if they are to succeed in employment settings.

Therefore, the Division of Vocational Rehabilitation and the Mental Retardation and Developmental Disabilities Administration are, hereby, committed to working cooperatively to assure that citizens of Maryland with severe developmental disabilities are afforded the opportunity of participating in Supported Employment Services.

For purposes of this agreement, the DVR and MRDDA endorse the following characteristics of the Supported Employment Program.

- The person with a disability is paid for work performed;
- The individual with a disability performs paid work for at least 20 hours each week;
- Work sites are to be integrated and employ non-disabled individuals so that new social opportunities can be created and a greater appreciation of the contributions of people with disabilities in the work force can be developed;
- A variety of job options should be available to the person with a disability, as well as opportunities for advancement and career change;
- Supported Employment services are to be individually designed in accordance with the needs of each person and, when appropriate, the parent or guardian and employer;
- Supported Employment services must be provided with the intensity and duration needed by the person with a disability, until retirement, if necessary;
- Supported employment will be provided in keeping with agency appropriations.
- Supported employment opportunities should be available to all persons with severe disabilities for whom independent employment is unlikely; and
- Whenever possible, prospective employees should have the opportunity to select the type of work preferred.

The basic purpose of the DVR/MRDDA-cooperative effort is to plan, develop, manage, evaluate, and coordinate funding for a comprehensive, interagency program for supported employment services.

Specific goals of this interagency effort include:

- To build upon the existing service delivery system to increase supported employment opportunities;
- To create incentives for the DVR and MRDDA networks so that conversion of existing services to supported employment will become a reality;
- To identify and remove legal, regulatory, policy and funding barriers that impede development of supported employment services;
- To develop a process for mutually determining eligibility and for prioritizing individuals for receipt of services;
- To provide the mechanisms for individuals graduating from the educational system to transition directly into supported employment situations; and
- To establish inter/intra-agency management mechanisms to assure efficient and effective administration of the supportive employment system.

It is recognized that implementation of this cooperative agreement will require unique actions at the State and Local levels.

State initiatives include:

- DVR will be responsible for initial services to participants of the Supported Employment Program and, to this end, will direct resources to enhance Support Employment initiatives under existing programs and will seek to create new opportunities for individuals with developmental disabilities;
- MRDDA expects to commit eighty-five percent of new monies for day services beginning July 1, 1986, to advance Supported Employment initiatives.
- DVR and MRDDA will develop the process whereby individuals with developmental disabilities are identified and are accepted for jointly funded supported employment services. DVR will fund initial employment related services while MRDDA will be responsible for long-term, ongoing services. The pilot period will serve to provide data to DVR/MRDDA permitting the establishment of cost and time parameters, thus assuring continuity of service to supported employees.

- MRDDA will be responsible for the long-term employment supports and will monitor the quality of services to individuals with developmental disabilities.
- DVR and MRDDA will jointly develop a process that will have as its goal the development of an annual budget for the Supported Employment initiative;
- DVR and MRDDA will form an interagency work group that will meet at least bi-monthly to monitor agency progress and to address administrative and operational issues related to successful project implementation;
- DVR and MRDDA will be responsible for identifying a mutually acceptable accreditation process for agencies that provide supported employment services to DVR and MRDDA funded clients; and
- DVR and MRDDA will develop and conduct training sessions for central and regional office staff of both agencies on the Supported Employment initiative.

Regional and Local initiatives include:

DVR and MRDDA recognize that unique policies, procedures and regulations may be required to implement the Supported Employment initiatives according to varying requirements of each target population. For example, policies, procedures and regulations applicable to developmentally disabled individuals transitioning from the school system may be different from those applicable to persons currently receiving service in adult and day programs. DVR and MRDDA, therefore, agree to jointly develop pilot projects that will focus on identifying the commonalities as well as the unique requirements of each targeted service and population.

The goals of the DVR/MRDDA pilot projects will be:

- To identify, plan and develop realistic policies, procedures and regulations; and
- To facilitate implementation, management and evaluation of Supported Employment Programs throughout the State.

Pilot Projects will be located in the Eastern, Western, Southern and Central Regions of Maryland and will focus on:

- Individuals graduating from Special Education Programs;
- Individuals currently on the MRDDA's waiting list;
- Individuals currently served in activity centers and sheltered workshops; and
- Individuals with unique needs due to a non-retarded developmental disability.

DVR and MRDDA central and regional office staff will meet with representatives of the pilot project(s):

- To address local issues as well as issues in common across all pilot projects;
- To identify unique target population requirements; and
- To develop rational policies and procedures for operation of the Supported Employment Program.

Anticipated pilot-project activities and outcomes will include, but not be limited to:

- Notifying consumers of the supported employment option;
- Developing an equitable process for selecting individuals to participate in supported employment opportunities;
- Determining the specific scope of services that DVR and MRDDA can provide to each of the target populations, in each of the pilot program models;
- Establishing the process through which DVR and MRDDA can mutually identify, screen, select, and fund individuals in each of the pilot program models;
- Establishing the mechanism to develop individual service plans for supported employment placements that incorporates DVR and MRDDA regional and statewide representatives in the process; and
- Developing appropriate policies, procedures and regulations to govern the Supported Employment Program.

DVR and MRDDA will complete the pilot process by October 30, 1986 and will then incorporate the findings into an interagency operational agreement that will become effective by December 31, 1986.

This Cooperative Agreement may be amended at the initiative and with the mutual consent of DVR and MRDDA.

Any terms of agreement which inadvertently violate any laws, regulations or requirements under which DVR and/or MRDDA are required to operate are automatically null and void.

In WITNESS WHEREOF the parties have executed this Agreement the day and the year first above written.

Witness: John A. Lancaster

By: Richard A. Batterton

Richard A. Batterton
Assistant State Superintendent,
Maryland State Department of
Education, Division of
Vocational Rehabilitation

Witness: Therese A. Regard

By: Lois M. Meszaros

Lois M. Meszaros, Ph.D.
Director, Department of Health and
Mental Hygiene, Mental Retardation
and Developmental Disabilities
Administration



**COOPERATIVE AGREEMENT
BETWEEN THE**

**MARYLAND STATE DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION**

and

**MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MENTAL HYGIENE ADMINISTRATION**

Concerning

Supported Employment

December 21, 1987

DVR/MHA COOPERATIVE AGREEMENT
Concerning Supported Employment

In order to promote supported employment for severely handicapped, chronically mentally ill citizens of Maryland, the Division of Vocational Rehabilitation (DVR) of the Maryland State Department of Education and the Mental Hygiene Administration (MHA) of the Department of Health and Mental Hygiene enter this Cooperative Agreement. This agreement is consistent with the terms of the original Supported Employment Program Grant Application of August 19, 1985, the Continuation Grant Application of September 30, 1986, and the 1986 Amendments to the Rehabilitation Act.

This agreement applies only to those individuals served in supported employment by both DVR and MHA and is consistent with the terms of the Maryland Supported Employment Project. It is not intended to discourage either agency from providing supported employment on its own or in cooperation with any other agency; nor is it intended to discourage other vocational initiatives in which DVR and MHA may be cooperatively or individually engaged.

Definitions

MHA and DVR will recognize the following definitions as they are contained in federal regulation appearing in the Federal Register of August 14, 1987, 34 CFR Part 363, entitled "The State Supported Employment Services Program; Final Regulations."

"Supported employment" means competitive work in an integrated work setting with on-going support services for individuals with severe handicaps for whom competitive employment has not traditionally occurred; or has been interrupted or intermittent as a result of severe handicaps; or transitional employment for individuals with chronic mental illness.

"Competitive work" means work that is performed on a full-time basis or on a part-time basis, averaging at least 20 hours per week for each pay period, and for which an individual is compensated in accordance with the Fair Labor Standards Act.

"Integrated work setting" means job sites where -

- (1) Most co-workers are not handicapped; and individuals with handicaps are not part of a work group of other individuals with handicaps; or
- (2) Most co-workers are not handicapped; and, if a job site described in paragraph (1) of this definition is not possible, individuals with handicaps are part of a small work group of not more than eight individuals with handicaps; or
- (3) If there are no co-workers or the only co-workers are members of a small work group of not more than eight individuals, all of whom have handicaps, individuals with handicaps have regular contact with non-handicapped individuals, other than personnel providing support services, in the immediate work setting.

"On-going support services" means continuous or periodic job skill training services provided at the work site throughout the term of employment to enable the individual to perform the work. The term also includes other support services provided at or away from the work site, such as

transportation, personal care services, and counseling to family members, if skill training services are also needed by, and provided to, that individual at the work site.

"Transitional employment for individuals with chronic mental illness" means competitive work in an integrated work setting for individuals with chronic mental illness who may need support services (but not necessarily job skill training services) provided either at the work site or away from the work site to perform the work. The job placement may not necessarily be a permanent employment outcome for the individual.

Current Status

MHA estimates that its 33 approved Community Rehabilitation Programs currently serve approximately 3,000 individuals with chronic mental illness of whom approximately 400 are in some level of employment. It is estimated that at least 50 of these individuals are engaged in supported employment as it is defined in 34 CFR Part 363. Of these 33 community rehabilitation programs, 22 have approximately 47.5 full time equivalent staff positions which can provide on-going support services. The budgeted amount approved by MHA for these positions is approximately \$800,000 annually.

At this time, 10 of the total 33 community rehabilitation programs are accredited by DVR. All of these 10 are among 22 community rehabilitation programs which maintain at least one full time equivalent staff person who can provide on-going support services in supported employment.

Goals

It will be the primary goal of interagency efforts to create permanent systems change to promote supported employment in which DVR will be responsible for time-limited services and MHA for ongoing services for as long as they are required within the intent of this agreement. As a goal and measure of this systems change, DVR and MHA agree to the following objectives and dates for completion:

1. DVR will create and enhance supported employment initiatives and opportunities for individuals with chronic mental illness; will direct financial resources and personnel toward that end; and will provide and purchase time-limited services from community rehabilitation programs which meet supported employment standards as those services are needed by eligible individuals with chronic mental illness.
2. MHA will request new funding and convert existing funds so that each of its community rehabilitation programs will have at least one supported employment staff position.
 - a. In Fiscal Year 1988, MHA will convert 22 (i.e. one FTE per agency) of the existing community rehabilitation program positions currently designated for vocational activities to supported employment services. Each program will develop the capacity to serve at least 5 individuals based on the current federal definition of supported employment.
 - b. For Fiscal Year 1989 and 1990, MHA will request sufficient new funding to add supported employment services to the 11 community rehabilitation programs which currently do not have vocational services.

When this goal is met, all 33 community rehabilitation programs will have at least one MHA funded staff position capable of providing long term services in supported employment.

3. By February 1, 1988, MHA and DVR will agree to a single set of mutually acceptable supported employment standards by which community rehabilitation programs may be approved by both state agencies.
4. By March 1, 1988, MHA and DVR, in conjunction with the community rehabilitation programs, will agree to an implementation plan specifying a time line by which each community rehabilitation program will be in compliance with the agreed upon supported employment standards, a formal orientation for community rehabilitation programs, projected costs for providing services, and other quantifiable projections and goals pertaining to supported employment.
5. By February 1, 1988, DVR and MHA will develop the process whereby individuals with chronic mental illness are identified and are accepted for jointly funded supported employment services.
6. By February 1, 1988, DVR and MHA will jointly develop a process that will have as its goal the development of an annual budget for the supported employment initiative.
7. By February 1, 1988, DVR and MHA will develop and conduct orientation sessions for central office and regional staff of both agencies on the supported employment initiative.

Commitment to these goals and the dates for their realization as demonstrated by the signatures we affix to this Cooperative Agreement shall guide interagency efforts to make supported employment readily available to chronically mentally ill citizens of Maryland.

This Cooperative Agreement will be reviewed at least annually by both DVR and MHA and revised if necessary. It may be amended upon written agreement of all parties.

In WITNESS WHEREOF the parties have executed this Agreement the day and the year first above written.

Witness: [Signature] By: [Signature]
Richard A. Batterton
Assistant Deputy State Superintendent
Bureau of Vocational Rehabilitation
& Correctional Education

Witness: [Signature] By: [Signature]
Henry T. Harbin, M.D., Director
Mental Hygiene Administration
Department of Health and Mental Hygiene

MASSACHUSETTS

Policy: The Interim Agreement on Interagency Coordination was signed in 1986 and field tested from September 1986 to August 1987. It was aimed broadly at the potential needs of all children. Subsequently, the Agreement on Interagency Coordination for Children in Massachusetts was signed in 1988. The Massachusetts legislature passed Chapter 688 (Massachusetts General Laws, Chapter 71B, Section 12A-12C) otherwise known as the "Turning 22 Law" in 1983. It focused on the needs of youth with severe disabilities for transition into adult services.

Parties involved: The Agreement on Interagency Coordination is between the Executive Office of Human Services and the Department of Education and involves the Department of Mental Health, Department of Mental Retardation, Department of Public Health, Department of Public Welfare, Department of Social Services, Department of Youth Services, Massachusetts Commission for the Blind, Massachusetts Commission for the Deaf and Hard of Hearing, Massachusetts Rehabilitation Commission, the Office for Children and the Massachusetts School Districts. The 1983 legislation created the Bureau of Transitional Planning within the Executive Office of Human Services.

Purpose: The Interagency Coordination Agreement is intended to promote interagency cooperation for the development of plans, coordination of services, and early identification of children with potential needs. In addition, the agreement clarifies the assignment of case management responsibilities and provides an avenue for resolving disputes. The Interagency Coordination Agreement applies only to children but could be used for the purpose of initiating transition services. A separate agreement, the Interim Agreement of Cost Sharing Services Between Human Service Agencies and School Systems, specifies how costs for educational services within a residential program will be divided.

The Turning 22 Law provides a single point of entry into the adult service system for youth with serious disabilities who will need services after they leave the special education system. An Individual Transition Plan is developed for each eligible child. The law is intended to provide a two year transitional process for young adults with severe disabilities. A state human service agency is to manage each eligible case and to plan and coordinate transition services.

Process: The Interagency Coordination Agreement calls for each area to develop an Area Plan that describes how the objectives of the agreement will be met. This plan must include procedures that will assure the early identification of children with "multiple needs who require cooperative planning between school districts and human service agencies," a process for the joint development of individual educational plans, a process for sharing information between agencies and a process for delivering services. Other requirements of the Area Plan include training direct service personnel, confidentiality and consent procedures, specification of grievance procedures, and methods for resolving interagency disputes. Each area plan will be reviewed by a Regional Director's group and by an Advisory Committee. Approval of the Area Plan allows the area to participate in the incentives available to support implementation.

The child who is appropriate for services under the Turning 22 Law is usually identified through the local school district, who then forwards the case to the appropriate state agency. This agency is responsible for developing the Individual Transitional Plan which must be completed before the child graduates or before he or she turns twenty-two.

Relevance to children with emotional disabilities: The combined efforts of the legislation and interagency agreement addresses the need for coordinated planning often associated with the child with an emotional disability. Of particular importance is the single point of entry through the Transitional Agency that allows for coordinated planning between child and adult services.

Contact Person: Mary Ann Walsh, Director
Bureau of Transitional Planning
Executive Office of Human Services
1 Ashburton Place
Boston, Massachusetts 02108

(617) 727-7600



THE EXECUTIVE OFFICE OF HUMAN SERVICES and the DEPARTMENT OF EDUCATION

AGREEMENT ON INTERAGENCY COORDINATION

FOR

CHILDREN IN MASSACHUSETTS

The Executive Office of Human Services Agencies and its member agencies including: the Department of Mental Health, Department of Mental Retardation, Department of Public Health, Department of Public Welfare, Department of Social Services, Department of Youth Services, Massachusetts Commission for the Blind, Massachusetts Commission for the Deaf and Hard of Hearing, Massachusetts Rehabilitation Commission, and the Office for Children; and the Department of Education and the Massachusetts School Districts are committed to providing services for children in the least restrictive environment appropriate to meet their needs.

This agreement is predicated on the notion that, in general, the best decisions about appropriate services are made by service providers on the local level who know the children, their families, and the array of services available. The purpose of the agreement is to provide a structure for early identification, planning and service delivery between human service agencies and school systems for children with special needs.

The objectives of the agreement are:

1. To promote the early identification of children with multiple service needs.
2. To promote interagency cooperation around the development of individual plans for children with multiple service needs, by outlining specifically which agencies will be involved under particular circumstances.
3. To promote the development of joint individualized educational plans/individualized service plans, with parental involvement, for special needs children with multiple service needs.
4. To provide adequate support to families and children to allow the children to be served in the least restrictive setting appropriate to their needs.
5. To assure timely and coordinated delivery of services.
6. To ensure that interim services are provided for children while various administrative procedures are carried out.
7. To assign case management responsibilities for interagency cases at the local level.

[2/88]

3. To clarify the options for resolving interagency disputes with regard to programs and funding.
9. To further clarify the circumstances under which placements are cost-shared between human service agencies and school districts.

The undersigned agree to the following articles:

I. Eligibility

This agreement applies to all school age children in Massachusetts who, by virtue of their present condition, are considered eligible to receive the service which a particular Human Service Agency and the Department of Education and school districts provide pursuant to such agencies' statutory authorization, or legal or regulatory authority.

II. Agency Responsibilities

- A. Each agency covered by this agreement will seek to maintain adequate funding to carry out its fiscal and programmatic responsibilities within the context of this agreement.
- B. Each agency will assure the designation of appropriate personnel and resources on all levels to implement this agreement.

III. Procedures - Area Plan Development

Each area will develop a plan that describes in detail the methods and procedures by which they will achieve the objectives of this agreement as stated in Section I above. The plan will include:

- A. Process for the early identification of children of any age with multiple needs who require cooperative planning between school districts and human service agencies.
- B. Process for developing joint individualized educational plans and service plans. This should include but not be limited to:
 1. methods for coordinating services to ensure a program is developed that is appropriate to the child's needs in the least restrictive environment; and
 2. methods for sharing all available, current and relevant assessments and completing any necessary additional assessments subject to compliance with state and federal release of information requirements;
 3. methods for assuring that all agreements for services on individual children between human service agencies and school districts shall be in effect for twelve (12) months unless changes in the child's status prior to this time period are jointly agreed upon by the human service agency and the school district.
- C. Process for ongoing information sharing between agencies. This should include, but not be limited to, methods for assuring that plans that affect the delivery of another agency's services to a child are discussed with that agency.

- D. Process for assuring timely delivery of services.
- E. Process for training direct service professionals.
- F. Process for ensuring confidentiality.
- G. Process for ensuring uninterrupted delivery of services while administrative procedures occur.
- H. Process for ensuring family consent and involvement.
- I. Process for notifying parents of appeal rights.
- J. Process for resolving interagency disputes on the local level.
- K. Process for assigning case management responsibilities to assure continuity and coordination of services between agencies and the school district.
- L. Descriptions of the specific populations to be served by each agency in accordance with the statutory mandates and regulations of the agency.
- M. Descriptions of specific services to be provided by each agency.
- N. Process for evaluating effectiveness of area plan in meeting the agreement goals. This will include, but not be limited to, the collection of supporting data and information on parental satisfaction.
- O. Process for reporting at least annually to Regional Directors on the area plan and its implementation.

IV. Procedures - Area Plan Support and Implementation

- A. The area plan will be submitted to the Regional Directors' group for comment.
- B. After review by the Regional Directors' group then a representative from each participating area human service agency and school district will sign the plan.
- C. The area plan will be submitted for review to the Advisory Committee (see Section IX)
- D. If the plan adequately addresses the requirements stated in Section III above, it will receive support from the Advisory Committee on behalf of the Agency Commissioners and the Secretary of Human Services.

If the plan does not adequately address the requirements stated in Section III, then the Advisory Committee will provide further assistance to the area in the development of its plan. This assistance will continue until the area plan can be supported by the Advisory Committee or the area chooses not to participate in the implementation of the Agreement on Interagency Coordination.

- E. Advisory Committee support of an area's plan will enable an area to participate in the incentive based implementation plan described in the attached document.

V. Dispute Resolution

If no agreement can be reached on the agency responsibility or the appropriate program, the parents may exercise any one or combination of the following options:

- A. the local dispute resolution mechanism as described in the Area Plan (see III, i. above);
- B. rejection of the Individualized Educational Plan because they believe that it does not meet the student's educational needs, or the rejection of the finding of no special needs; in these cases the appeal procedures described under Chapter 4 of the Chapter 766 Regulations shall be followed;
- C. rejection of the service plan offered by a human service agency because it is inappropriate to meet the needs of the young person, or rejection of the application for services; in these cases the appeals procedures of the particular human service agency shall be followed;
- D. If it is unclear which human service agency(ies) should be providing services or how the service provision should be shared between the agencies, then the parent or authorized agency will refer the case to the Office for Children's Interagency Team to designate the agency/(ies) that will provide or contract for adequate services. (MGL c.28A s. 6A)

VI. No agency covered by this agreement shall take unilateral action, which shall have the effect of incurring increased costs to other participating agencies without prior agreement, except in emergency situations.

- A. Emergency evaluation and placement procedures by the human service agency or school district shall be followed.
- B. All such emergency placements shall be followed by written notification by the placement agency to other appropriate agencies, including the school district of residence within five (5) calendar days of such action.

VII. As of the effective date of the agreement, all agreements on individual children currently in place shall continue to be in force until appropriate periodic reviews and re-evaluations of the individualized educational plan or service plan occur.

VIII. The human service agencies and the Department of Education shall cooperatively plan and implement a comprehensive training and technical assistance program for appropriate school district and human service agency regional and area personnel on the provisions of this agreement and implementation strategies.

IX. There will be an Executive Office of Human Services/Department of Education Interagency Advisory Committee co-chaired by EOHS and DOE and comprised of representatives from EOHS, Human Service Agencies, the Department of Education, and local school districts from participating area, regional and central offices. These representatives shall be official representatives designated by their Commissioners or Secretary. The Advisory Committee shall convene monthly, or more frequently at the discretion of the chairpersons, to assist in the implementation of this agreement, resolve operational problems and recommend further changes to the Secretary of Human Services and the Commissioner of Education as deemed necessary. This group shall develop procedures to assure the collection of appropriate data for the monitoring of the implementation of this agreement.

X. This agreement replaces the 1986 Interim Agreement on Interagency Coordination for School Age Children in Massachusetts. The residential services portion of the 1986 Interim Agreement describing funding arrangements for residential school placements is now titled "Interim Agreement of Cost Sharing Services Between Human Service Agencies and School Systems for Agencies Participating in EOHS/DOE Agreement on Interagency Coordination" and is in force as a separate attachment to the current agreement. All other agreements between the Department of Education or school districts and human service agencies remain in effect.

XI. This agreement will be in force according to the attached Implementation Plan in selected areas across the state.

XII. Definitions

For the purpose of this agreement the following definitions shall apply:

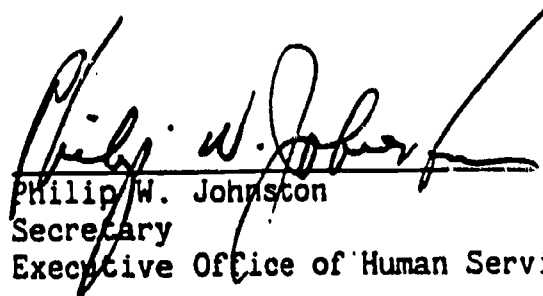
- A. Agency - school districts, human service agencies, the Executive Office of Human Services, and the Department of Education.
- B. Area - geographic service site consistent with boundaries defined by the agencies within the Executive Office of Human Services. Within these boundaries, areas may work out individual arrangements for the purposes of this agreement.
- C. Child with special needs/multiple service needs - a child who has been determined to be, or is suspected of being, in need of special education pursuant to GLC 71B, and/or has been determined to need, or is suspected to need services provided by one or more human service agency.
- D. Emergency situations - for the purpose of this agreement, shall be limited to those situations in which a placement decision requires resolution within forty-eight hours and which:

1. the child demonstrates repeated instances of dangerously assaultive or self-abusive behavior, or
 2. the child is in danger of abuse by a caretaker, or
 3. the child experiences an acute disorder of thought or mood, or
 4. there is an unanticipated closing of a placement.
- E. Human Service Agency - one of the member agencies in the Executive Office of Human Services including: the Department of Mental Health, Department of Mental Retardation, Department of Public Health, Department of Public Welfare, Department of Social Services, Department of Youth Services, Massachusetts Commission for the Blind, Massachusetts Commission for the Deaf and Hard of Hearing, Massachusetts Rehabilitation Commission, and the Office for Children.
- F. Individualized educational plan - a plan developed pursuant to paragraphs 322.0 and 323.0 of the Chapter 766 Regulations that specifically describes a child's special education needs, goals, services, and service providers.
- G. Parent - father, mother, guardian, person acting as parent of the child, appointed surrogate parent (educational advocate) or young person eighteen years or older with the legal right to act on his/her own behalf.
- H. School district - local or regional school system that is responsible for providing regular or special education to school age children.
- I. School age child - any person of ages three through twenty one, up to his/her twenty second birthday, who has not obtained a high school diploma.
- J. Service Plan - a plan describing an individual child's needs, goals and services developed by a human service agency.




Harold Reynolds, Jr.
Commissioner
Department of Education


2-22-88
date





Philip W. Johnston
Secretary
Executive Office of Human Services

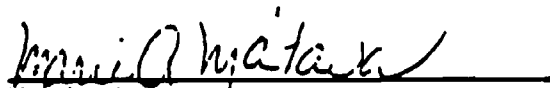
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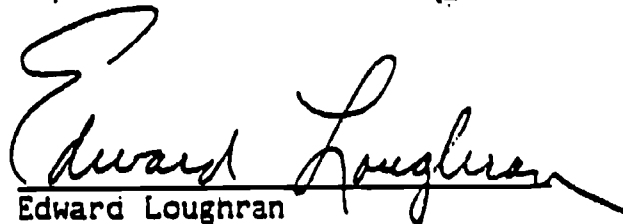

Edward Murphy
Commissioner
Department of Mental Health



Mary McCarthy
Commissioner
Department of Mental Retardation

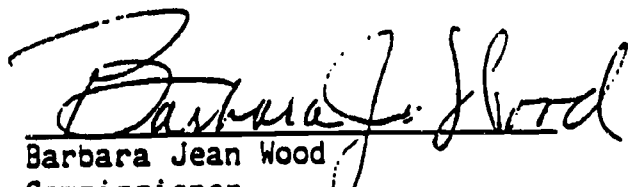

Dr. Deborah Prothrow-Stith
Commissioner
Department of Public Health

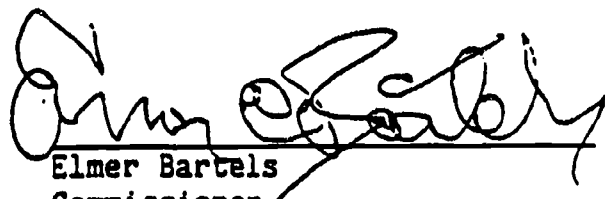

Charles Atkins
Commissioner
Department of Public Welfare

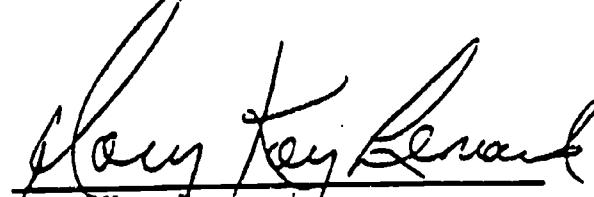

Marie Matava
Commissioner
Department of Social Services


Edward Loughran
Commissioner
Department of Youth Services


Charles Crawford
Commissioner
Massachusetts Commission for
the Blind


Barbara Jean Wood
Commissioner
Massachusetts Commission for
the Deaf and Hard of Hearing


Elmer Bartels
Commissioner
Massachusetts Rehabilitation
Commission


Mary Kay Leonard
Director
Office for Children

Executive Office of Human Services and Department of
Education Agreement on Interagency Coordination

IMPLEMENTATION PLAN

Introduction

In April 1986 the Interim Agreement on Interagency Coordination was signed by the Secretary of the Executive Office of Human Services and the Commissioner of the Department of Education. Since September of that year eight area interagency groups have implemented this Interim Agreement to evaluate its effectiveness in meeting its objectives. Based on the results of the first year field test, an amended agreement has been written that provides greatly expanded area flexibility in determining the procedures to implement the agreement. In addition, the agreement is accompanied by an incentive plan that will be made available to area interagency groups that choose to implement the agreement.

In addition to the original eight area groups that field tested the Interim Agreement, new area groups will be invited to implement the amended agreement in Fiscal Year 1988. Selection of the new areas will be based on geographic boundaries, state wide representation as well as their willingness to participate.

The following plan details the schedule for implementation of the agreement and the system of incentives developed to encourage collaboration between the area human service and local education communities to enhance coordinated services for children.

SCHEDULE

TIME LINES

TASKS

SEPTEMBER - OCTOBER 1987

1. Amend Agreement
2. Original area groups continue to meet

JANUARY 1988

1. Obtain signatures of Secretary of Human Services and Commissioners of Department of Education and human service agencies
2. Original area groups develop plans for central level review
3. Determine new areas for Agreement participation
4. Advisory Committee will develop guidelines for area plan review.

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FEBRUARY 1988

Begin to train new area groups

MAY - JULY 1988

Area groups implementation plans
ready for Advisory Committee review.

INCENTIVE SYSTEM

Each area will be recognized for its efforts to implement the agreement through a series of phased incentives. There are three (3) phases through which area groups will pass to gain increasing flexibility to solve individual children's problems in a collaborative manner. Below each phase and the incentives that accompany each phase are described in detail. The attached chart summarizes the phases and incentive plan.

PHASE I

During the first phase, the incentives that each participating area interagency group will receive are:

1. On-going technical support from the Executive Office of Human Services and the Department of Education in the development of the area plan for the implementation of the Agreement on Interagency Coordination
2. Support and assistance from other areas that have experienced success in implementing the agreement
3. Recognition of its leadership and successful implementation of the agreement

To obtain this support, the following activities will be taking place in the areas:

1. An initial meeting of area human service directors and school system special education administrators will be convened and chaired by EOHS Regional representatives to determine the groups' interest in participating in the implementation of the Agreement on Interagency Coordination.
2. The area interagency groups will then develop written plans that describe in detail the ways in which the areas will meet the stated objectives of the agreement. Section III of the agreement outlines the required parts to the plan.
3. The area plans should be completed in a period not to exceed six (6) months.

PHASE II

During the second phase, area interagency groups will receive:

1. Support from the Executive Office of Human Services and the Department of Education in creating a resource of flexible money from existing central, regional and area or local budgets for use by the area interagency group for services to individual children;
2. Support from the Executive Office of Human Service and the Department of Education on flexible policy arrangements as needed to some individual child and program options that are necessary in the area; and
3. Annual interagency conference to share information, strategies, etc.

To obtain this support and assistance, the following activities will be taking place:

1. Area plan is reviewed and supported by the Advisory Committee. Plans will be supported only if they adequately address all the elements stated in Section III of the Agreement.
2. Area will maintain and submit data to document the effectiveness of the area's plan.
3. Area will review and revise its plan, as necessary, to achieve greater success in the implementation of the Agreement.
4. Focus of the area during Phase II should be individual case resolution.
5. Successful implementation of the area plan in Phase II will take at least one (1) year.

PHASE III

During the third phase, area interagency groups will receive:

1. A resource of flexible funds to resolve current interagency cases or to implement interagency projects or programs based on prior years' (Phase II) experiences with children's needs. These flexible funds can come from either new expansion dollars or a restructuring of base budgets.
2. On-going assistance, as needed, from the Executive Office of Human Services and the Department of Education to support flexible policy arrangements.
3. Annual interagency conference to share information strategies, etc.

To obtain this support and assistance, the following activities will be taking place:

1. On-going successful implementation of the area plan.

Implementation Plan - Page Four

2. Focus of area during this phase may include child specific program development, if necessary.

ON-GOING STATE-WIDE ACTIVITIES

The following activities will occur throughout the year on a state-wide basis, and will be coordinated by the Executive Office of Human Services and the Department of Education.

- . Central level support of the concept of interagency collaboration
- . Annual conference
 - . Individual leader recognition
 - . Group recognition
 - . Sharing of concepts and strategies for Agreement implementation
- . Support of interagency activities through grant awards
- . Technical assistance and staff support
- . Annual meetings between area interagency groups and Regional Directors groups

SUMMARY OF PHASE AND INCENTIVE PLAN

	PHASE I	PHASE II	PHASE III
Incentives	<ol style="list-style-type: none"> 1. EOHS/DOE technical assistance 2. Annual statewide conference 3. Use of "sister" area support 	<ol style="list-style-type: none"> 1. Use of existing dollars in more flexible ways at local level. 2. Flexibility in agency policies. 	<ol style="list-style-type: none"> 1. New resource of flexible dollars at local level 2. Flexibility in agency policies.
Supporting Data and Activities	<ol style="list-style-type: none"> 1. Meet to develop area plan 2. Plan will receive central review 	<ol style="list-style-type: none"> 1. Maintenance of statistics on effectiveness of area plan implementation. 2. Review and revise plan, as needed. 3. Probable focus of activities on individual children's cases. 	<ol style="list-style-type: none"> 1. On-going area plan implementation 2. Focus may include, in addition to individual case activity, case specific program development.

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Interim Agreement on Cost-Sharing Services
in Residential Schools Between
Human Service Agencies and School Systems
For Agencies Participating in EOHS/DOE
Agreement on Interagency Coordination

Introduction

This Interim Agreement pertains only to areas participating in the Executive Office of Human Services and the Department of Education Agreement on Interagency Coordination. These statements and policies will be reviewed and revised during 1988 in order to develop a final agreement for statewide implementation.

- A. When a human service agency determines that a child must be cared for in a residential program, and a Team Evaluation determines that a child may be educated in a day component of a residential school program, then the human service agency(ies) and the school district shall cost share the residential placement. These costs shall be shared in the following manner:
1. For placements at residential schools which have both a day rate and a residential rate established by the Rate Setting Commission, the school district shall be responsible to pay the day rate and the human service agency shall be responsible to pay the difference between the day rate and the full residential/instructional rate;
 2. For placements at residential schools which do not have a day rate established by the Rate Setting Commission, the cost of the placement shall be shared on a 50/50 basis between the school district and the human service agency. If more than one human service agency is involved, the costs will be shared equally by all agencies involved.
- B. After exploring all community residence options consistent with the needs of the child, if a human service agency with care or custody, defined by G.L. c.119 section 1 et seq., determines that a child must be placed in a residential school to meet the care/support goals of his/her service plan, or because no adequate community based resource exists, but the school district determines that the educational/instructional goals can be met in a less restrictive public school program, the full cost of the residential placement will be borne by the human service agency. The school district will write an Individual Educational Plan indicating the least restrictive prototype to meet the student's educational needs.

Efforts will be made to implement the Individual Educational Plan in a public school near the residential facility. If, at a later time, an appropriate community based resource is found, the prior written request to the school district of residence for review of the student's Individual Educational Plan under Chapter 766 will be made 30 school days in advance of the child's return to the community.

[2/88]

- C. If a child requires placement in a residential school to meet the educational/instructional goals of his/her educational plan, but the human service agency determines that his/her care/support goals can be met in a less restrictive community residence, the full cost of the residential school placement will be borne by the school district.
- D. All human service agencies that participate in the development of an Individualized Educational Plan will participate, as well, with the local school district on the appropriate periodic reviews and re-evaluations of the Individual Educational Plan.
- E. This agreement replaces the 1976 Interagency Agreement on the Clarification of Responsibility for School Age Children in the Custody of Human Service Agencies. All other agreements between the Department of Education or school districts and human service agencies remain in effect.

F. Definitions

For the purpose of this agreement, the following definitions apply:

- 1. Community residence - residential option available in communities including but not limited to: parent's homes, foster care, group care, staffed apartments, etc. This does not include residential schools.
- 2. Human Service Agency - one of the member agencies in the Executive Office of Human Services including: the Department of Mental Health, Department of Mental Retardation, Department of Public Health, Department of Public Welfare, Department of Social Services, Department of Youth Services, Massachusetts Commission for the Blind, Massachusetts Commission for the Deaf and Hard of Hearing, Massachusetts Rehabilitation Commission, and the Office for Children.
- 3. Individualized educational plan - a plan developed pursuant to paragraphs 322.0 and 323.0 of the Chapter 766 Regulations that specifically describe a child's special education needs, goals, services, and service providers.
- 4. Residential school - a special education school (sometimes known as a group care facility) that provides special education programming and treatment on a 24-hour basis approved under the Department of Education's "Regulations for the Approval of Private Special Education Schools", 603 CMR Section 18.00.
- 5. Service Plan - a plan describing an individual child's needs, goals, and services developed by a human service agency.
- 6. TEAM evaluation - an evaluation of a child's special education needs performed in accordance with paragraphs 319.0 - 322.0 of the Chapter 766 Regulations.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-three

AN ACT PROVIDING FOR CONTINUITY OF SERVICES TO DEVELOPMENTALLY DISABLED PERSONS WHOSE AGE NO LONGER ENTITLES THEM TO SERVICES UNDER SPECIAL EDUCATION PROGRAMS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 71B of the General Laws is hereby amended by inserting after section 12 the following three sections:-

Section 12A. For the purposes of sections twelve A to twelve C, inclusive, the following words shall have the following meanings:

"Disabled person", a person who is unable to engage in substantial gainful activity by reason of medically determinable physical or mental impairment which can be expected to result in death or be of at least twelve months' duration; provided, however, that such impairment . . . of such severity that such individual is unable to do his previous work, if any, and, considering his age, education, and work experience, cannot engage in substantial gainful activity.

"Education authority", the school committee or other education provider responsible for the provision of special education pursuant to the provisions of this chapter.

"Habilitative services", services directed toward the alleviation of limitations on major life activities of a disabled person, including diagnosis, evaluation, treatment, personal care, daycare, respite care, home care, residential care, group care in a community residence, special living arrangements, training, education, sheltered employment, supported work, recreation, counseling, protective and social services, legal services, information and referral services, and transportation services.

"Major life activity", self-care, including personal hygiene, dressing and eating; communication and language skills, including reception and expression; learning; mobility; capacity for independent living; and economic self-sufficiency.

"Substantial gainful activity", the performance of a task for at least

twenty hours per week for which a disabled person receives compensation either in currency or in-kind; provided, however, that such activity shall not include sheltered workshops, supported work, occupational therapy or any other work activity supported by the federal, state, or local governments for the purpose of assisting such disabled person to participate in such activity.

"Transitional plan", a plan for a program of habilitative services for disabled person whose entitlement to services under special education programs has terminated or will terminate as a result of such person's graduation from high school or attainment of age twenty-two.

Section 12B. There shall be within the executive office of human services a bureau of transitional planning. There is also hereby established within the executive office of human services a committee, to be known as the transitional advisory committee, which shall meet on a regular and periodic basis for the purpose of reviewing and approving transitional plans for disabled persons whose entitlement to services under special education programs has terminated or will terminate within two years. The committee shall consist of by the secretary of the executive office of human services who shall be chairman, or his designee, and one representative from each of the following agencies: the executive office of manpower affairs, the department of mental health, the department of social services, the department of public welfare, the department of public health, the Massachusetts rehabilitation commission, the Massachusetts office of deafness, the Massachusetts commission for the blind and the department of education. Said representatives shall be designated by the executive secretary, commissioner or department head whose agency they shall represent. The committee shall adopt rules and procedures governing its proceedings. Members of the committee shall not be compensated for service on said committee.

Section 12C. A disabled person who has been receiving special education under the provisions of this chapter shall be eligible, subject to appropriation, upon graduation from high school or upon attaining the age of twenty-two, whichever occurs first, to receive habilitative services in the manner hereinafter provided. The education authority which is responsible for the education of a person with special needs shall, with the consent of such person or his parent or guardian, at least two years before such person attains the age of twenty-two or at least two years before such person's graduation, whichever first occurs, determine whether such person may need continuing

habilitative services and notify the bureau of transitional planning of the name and address of such person, the record of the special education services being provided to such person, and the expected date of termination of such services. Within thirty days of such notification, said bureau will begin to prepare a case file on such person consisting of all available information relevant to the questions of whether such person is a disabled person within the meaning of section twelve A and which habilitative services may be necessary or appropriate to assist such person in realizing his potential for self-sufficiency in major life activities. The education authority shall, with the consent of such person or his parent or guardian, provide said bureau with copies of relevant portions of record of such person, which shall be included in such person's case file. Said bureau shall also provide an opportunity for the submission by or on behalf of such person, of information relative to such person's special needs, and all information so provided shall be included in such person's case file.

If at the time of said notification to said bureau, such person has been determined to be eligible for disability benefits under Title II or Title XVI of the United States Social Security Act, such person shall be deemed to be a disabled person within the meaning of section twelve A, and said bureau shall make a preliminary determination of the agency or agencies which shall develop a transitional plan for such person. If at such time such person has not been determined to be eligible for such benefits, said bureau shall refer such person to the Massachusetts rehabilitation commission for a determination whether he is a disabled person within the meaning of section twelve A. As a condition of such referral, said bureau may require that an application be submitted forthwith on behalf of such person for such benefits.

With respect to each such person referred to it under the preceding paragraph, the Massachusetts rehabilitation commission shall provide written notice to said bureau and to such person or his parent or guardian of its determination whether such person is a disabled person. If such person is determined by the commission to be disabled, then his case file shall be referred to said bureau for the preliminary determination of the agency or agencies which shall develop a transitional plan. In addition to any appeal rights under Titles II and XVI of the Social Security Act, a finding by the commission that such person is not disabled may be appealed by requesting review by the secretary of human services within sixty days after the date of issuance of the commission's determination. The secretary shall approve.

disapprove, or remand to said commission for further consideration any such request within ninety days of its receipt by said secretary.

Upon receipt of a case file of a disabled person said bureau shall make a preliminary determination of the agency which shall develop a transitional plan for such individual.

If such preliminary determination is approved by the transitional advisory committee, such agency shall, in accordance with its usual planning procedures, except as modified by the provisions of this section, in cooperation with said bureau, and such person, develop a transitional plan for such person. The parent or guardian may participate in the development of the transitional plan unless such participation is objected to by the disabled person. Said transitional plan shall include, but not be limited to, the following information: the habilitative services found by the committee to be necessary or appropriate to assist such person in realizing his potential for self-sufficiency in major life activities; the agencies responsible for the provision of such services; the location in the least restrictive environment at which such services will be provided; and the expected duration for the provision of such services. Each transitional plan shall be submitted to the transitional advisory committee for its approval no later than six months prior to the date each disabled person attains age twenty-two or graduates, whichever occurs first. The committee shall meet at least once a month for the purpose of considering the approval of such transitional plans.

Said committee shall provide the person and his parent or guardian with a written copy of an approved transitional plan developed for such person. If the plan calls for the provision of services by an agency in the executive office of human services or in the executive office of manpower affairs, the secretaries of such executive offices shall also be provided with a written copy of the plan. Each respective secretary shall review the portion of such plan which calls for the provision of services by an agency within his executive office and may, after consultation with such agency and written notification to such person or his parent or guardian, make such modifications to such portion of said plan as are necessary or appropriate. Any plan which has not been so modified by the executive secretary within sixty days of its submission to the secretary shall be deemed to be approved in the form submitted.

After a transitional plan for a disabled person has been approved and

after said individual attains the age of twenty-two or graduates, whichever first occurs, habilitative services shall be provided to such person in accordance with the transitional plan. The secretary of human services shall promulgate rules and regulations for the modification, extension, termination, or appeal of the transitional plan by such person, his parent or guardian, or any agency responsible for the provision of services pursuant to such plan.

SECTION 2. Section fifteen of chapter seventy-one B of the General Laws is hereby repealed.

House of Representatives, December 9, 1983.

Passed to be enacted, *Thomas W. McKea*, Speaker.

In Senate, December 9, 1983.

Passed to be enacted, *William F. Bulger*, President.

December 21, 1983.

Approved,

William F. Bulger, Governor.

MINNESOTA

Policy: The Minnesota Interagency Cooperative Agreement was developed by the State Transition Interagency Committee (STIC) as a way to ensure that state and local agencies work together. The agreement was signed in 1987. As early as 1982 there was a transition agreement between the departments of Vocational Rehabilitation, Special Education and Vocational Education. The State Transition Interagency Committee was created in 1984. The Minnesota Legislature established an Interagency Office on Transition Services within the Department of Education in 1985. Legislation in 1987 mandated the establishment of community transition interagency committees and expanded the representation to include more agencies (Amendment to Minnesota Statutes, Section 120.17, Subdivision 3a and 15, (1986)).

Parties involved: The following agencies participate on the State Transition Interagency Committee:

- Department of Education
- Department of Human Services (including Mental Retardation)
- Department of Jobs and Training (including Vocational Rehabilitation)
- Parents Advocacy Coalition for Educational Rights (PACER)
- State Board of Vocational Technical Education
- State Community College System
- State Planning Agency (Governor's Planning Council on DD)

The 1987 legislation requires that community transition interagency committees consist of representatives from special education, vocational and regular education, community education, post-secondary education, parents, local business or industry, rehabilitation services, county social services, health agencies and additional public or private adult service providers as appropriate.

Purpose: The purpose of the agreement is to ensure that a multidisciplinary interagency team, including student/client and parents will plan services necessary during transition. The agreement also ensures that local transition committees are established to develop, monitor and implement service delivery at the local level and that state agencies collaborate in terms of policies, standards, funding, etc. Planning occurs at three levels: planning for individuals, community planning and statewide planning.

Process: The details of transition planning will be worked out at the local level through local transition interagency committees. Planning is to begin at the ninth grade. The expanded version of the Interagency Agreement contains a matrix that summarizes the services available from each agency to meet transition related needs.

Relevance to children with emotional disabilities: This is a well rounded planning process that should be supportive of the needs of children with emotional disabilities. Parents and parent advocacy groups are clearly included at all levels of planning. Even though the Mental Health Division does not have a clear presence in this agreements, inclusion of these services would make this system adaptable to youth with serious emotional disabilities.

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I. MISSION.

The State Transition Interagency Committee (STIC) is a catalyst to state and local systems serving persons with disabilities in transition from school to community living and employment. Through interagency cooperative planning, commitment of resources, and information exchange, STIC advances the shared goal of improving transition services statewide.

The purpose of the STIC is to facilitate working relationships among participating local and state agencies. They will work together to develop a system of services so that all Minnesotans with disabilities have the opportunity to live and work within a community as independently as possible. To this end, the STIC has developed this interagency agreement and will provide leadership in its implementation.

Transition is defined as the process whereby a person with disabilities progresses from education to working and living in the community. While transition efforts typically focus on individuals in secondary education programs, this agreement also addresses the needs of people who have already left school but for whom there was not adequate transition planning.

To experience successful transition to work and community living, each individual will have access to a full array of support and training opportunities. To this end, consumers, parents, community resources, governmental agencies, and private industry will together provide leadership for a comprehensive and dynamic system of transition services.

The purpose of this interagency planning effort is to facilitate the necessary changes, both within and among the agencies, for the creation of an equitable statewide service system. It provides current information about what agency services exist and how agencies work together in Minnesota's communities. With local input, agencies can actively participate in the planning and creating of employment and community living options for individuals.

II. BACKGROUND SUMMARY.

Transition From School to Work and Community Living has received much attention at the national, state, and local levels. In light of parent and advocate concerns, federal initiatives, and increasing agency awareness, Minnesota agencies and organizations have responded to this challenge.

In 1982, Vocational Rehabilitation, Special Education, and Vocational Education signed Minnesota's first cooperative agreement on transition. A State Transition Interagency Committee was created in 1984 consisting of six state agencies, including Department of Education, Department of Human Services, Department of Jobs and Training, State Board of Vocational Technical Education, State Community College System, State Planning Agency, and parent and advocate representation to develop a more comprehensive agreement. This new agreement clarifies agency roles and responsibilities and provides details of implementation plans that will create a comprehensive transition system in Minnesota.

Many of the issues addressed by this Agreement and the State Transition Interagency Committee were raised at statewide workshops and planning meetings. Early activities included the "Bridging the Gap" awareness conference (Bloomington, November 1984), and a leadership/problem-solving workshop (Alexandria, January 1985).

The Minnesota State Legislature established an Interagency Office on Transition Services in the Department of Education in July of 1985. Strong support from parents and advocates was instrumental in its creation. The Office is responsible for assessing statewide needs, providing information and technical assistance, and planning for state and local agency collaboration to improve employment and community living outcomes for individuals who are exiting the secondary school system.

Additional activities that encourage interagency cooperation include the Supported Employment Project and Transition Inservice Activities, both funded by federal grants. Regional training of agency personnel and other efforts have culminated in the development of this agreement to support state and local interagency planning efforts.

Our focus is the individual. The charge is to develop, implement, and evaluate a plan around the needs of each individual with the outcome of integrated working and living in our communities.

III. STATE TRANSITION INTERAGENCY COMMITTEE REPRESENTATIVES.

The following agencies and organization representatives (see appendix) participate on the State Transition Interagency Committee, hereafter known as the STIC.

Client Assistance Project/Legal Advocacy for Persons with Developmental Disabilities

Department of Education
Secondary Vocational Education Section
Special Education
Interagency Office on Transition Services

Department of Human Services
Division for Persons with Developmental Disabilities

Department of Jobs and Training
Division of Rehabilitation Services
Vocational Rehabilitation
Office of the Commissioner
State Services for the Blind
State Job Training Office
Job Training Partnership Act

Parent Advocacy Coalition for Education Rights (PACER)

State Board of Vocational Technical Education

*These statewide advocacy projects provided significant input in the development of this agreement, but are not formal parties to the agreement.

IV. VALUES STATEMENTS.

Each agency, as a party to this agreement, recognizes the rights of all students with handicaps to have available a free and appropriate public education. All persons with disabilities have a right to live and work in the community. To work toward our goals, each agency will provide available resources within the bounds of its mission and the laws and regulations governing it. In working toward these goals each agency will recognize:

1. The dignity of individuals will be valued and the qualities necessary for a rewarding adult life will be translated into practical, attainable objectives.
2. The rights of all persons with disabilities will be protected in compliance with federal and state human rights and protection legislation such as Section 504 of the Rehabilitation Act of 1973, the Education of All Handicapped Children Act, Carl D. Perkins Vocational Education Act, the Family Educational Rights and Privacy Act, the Minnesota Government Data Practices Act, and the DD Bill of Rights in the Developmental Disabilities Act of 1984.
3. Individualized services take into account the wide range of interests and abilities of persons with disabilities. Individual preferences will be respected and service emphasis will be on the development of individual freedom of choice as deemed appropriate.
4. Students/clients with disabilities will receive all appropriate services as provided by authority and available resources of each participating agency.
5. Education, human services, and jobs and training services will share the legal and professional responsibilities to collaborate.
6. Comprehensive planning and collaboration will occur at the state and local (community) level.
7. Creative and flexible approaches will be highly valued as we move ahead with state and local planning.

V. GOALS.

To encourage interagency cooperation so that people have the opportunities to work and live in the community. Our goals include:

PLANNING FOR INDIVIDUALS

1. Each agency supports the development of regulations, policies, and practices for establishing multidisciplinary interagency teams, including student/client and parent(s), to plan services necessary to meet the anticipated transition needs of each individual.

COMMUNITY PLANNING

2. Each agency supports the development of regulations, policies, and practices for local transition interagency committees throughout Minnesota communities. These communities will develop, implement, and monitor comprehensive service delivery systems which respond to the ongoing and changing needs of individuals for service and support.

STATEWIDE PLANNING

3. Each agency supports the development of regulations, policies, and practices for the establishment of state agency collaboration to create an equitable statewide system for the provision of community-based transition services.

VI. OBJECTIVES.

1.0 MULTIDISCIPLINARY INTERAGENCY TEAMS FOR INDIVIDUALS.

Current Situation: Formal transition planning for secondary students with interagency involvement is not done consistently. Assessments and services are not fully planned and coordinated among agencies.

Future Direction: Secondary teams will include members of the essential agencies and should be initiated by public schools. The expanded teams will develop transition goals and objectives as part of the education plan to address current and future needs. Any party to the delivery and implementation of the plan will be involved in its development.

- 1.1 Include the student/client, parent(s), special education and related services staff, and representatives of essential agencies to assess the service needs of individual students.
- 1.2 Design and implement a coordinated, multi-disciplinary assessment that identifies the abilities, interests, and needs of the individual.
- 1.3 Use assessment information to determine the working and living environments in which the individual will function during secondary education and possibly beyond.

- 1.4 Identify the specific skills individuals will need to succeed in the environments identified in objective 1.3.
- 1.5 Identify the most effective strategies, resources, and least restrictive settings for training individuals on skills identified in objective 1.4.
- 1.6 Develop a written individualized plan based upon the assessed needs of individuals which specifies the skill training sequences, instructional design and delivery methods, related instructional supports, and anticipated services to meet transition needs.
- 1.7 Implement a written individualized plan by appropriate services and resources, and develop additional services and resources if necessary.
- 1.8 Monitor and follow-up the written individualized plan to evaluate the extent to which services provided continue to meet the needs of the individual.

2.0 COMMUNITY TRANSITION INTERAGENCY COMMITTEES

Current Situation: Local and regional agencies have overlapping needs and goals, but planning is seldom coordinated at the community level. Information and data concerning student/client needs to be shared and exchanged.

Future Direction: Agencies serving student/clients will plan at the local level to meet the program and service needs of individuals in their communities. Community Transition Interagency Committees need to be established to promote interagency coordination.

- 2.1 Local committees shall include representatives of parent and consumer groups, businesses, community groups, and the agencies essential to meet the transition needs of individuals.
- 2.2 Assure that involved agencies and services understand each other's functions and resources.
- 2.3 Identify the anticipated service needs of individuals within communities to assure availability of services and resources.
- 2.4 Develop a local agreement to include mission, goals, objectives, and written implementation plans to assure that transition needs of individuals in the community are met.
- 2.5 Design, fund, and implement new or revised service options.
- 2.6 Assess the progress of transition services to assist the community and the state for planning purposes on a yearly basis.
- 2.7 Provide leadership in raising community awareness and expectations of people with disabilities to live and work in local communities.

3.0 STATE AGENCIES WITH TRANSITION RELATED RESPONSIBILITIES

Current Situation: Interagency planning needs to include more agencies while the sharing of responsibilities for transition activities continues to evolve.

Future Direction: Commitment for interagency planning will improve throughout the system and local interagency planning will be promoted and supported.

- 3.1 Identify the needs of individuals and families statewide, by collecting system data and information on an ongoing basis.
- 3.2 Develop policies and procedures, to foster the development of local interagency planning for the provision and delivery of services in local areas.
- 3.3 Assure that existing resources be used more efficiently and effectively through interagency service planning and coordination.
- 3.4 Update and disseminate the interagency agreement's implementation plan.
- 3.5 Propose monitoring, supervision, and evaluation systems for state and local agencies to assure implementation of local interagency planning activities.
- 3.6 Recommend that licensure and other minimum professional standards for employing staff in education and human services include transition related competencies.
- 3.7 Promote the expectations of people with disabilities to live and work in the community.
- 3.8 Provide technical assistance to local committees, professional organizations, services, and agencies.

VII. IMPLEMENTATION OF THE AGREEMENT.

Liaisons assigned by the Commissioner/Director of each participating agency/organization shall develop and carry out a proposed work plan for implementing the agreement. This work plan, which follows, includes inservice and technical assistance activities to work toward the goals and objectives. The work plan will set the direction for Minnesota transition services and as such will represent the dynamic portion of this Agreement. Each biennium, a renewed work plan will be written and disseminated to agencies involved.

The Matrix (see appendix) is a guide to services currently provided. To better meet the needs of individuals, the implementation plan will continue to identify specific collaborative strategies for the agencies involved.

VIII. TERMS OF MINNESOTA INTERAGENCY COOPERATIVE AGREEMENT TO PLAN.

This Agreement shall take effective on October 1, 1987, and shall remain in effect until terminated. Any party may terminate its participation in this Agreement by providing ninety days advance notice in writing to all the parties to the Agreement.

This Agreement must be reviewed biennially by liaisons of each agency/organization. The Biennial Implementation Plans will be developed and disseminated every other year.

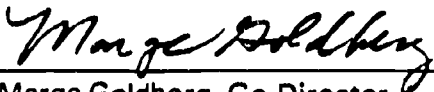
This Agreement may be amended at any time by prior written approval of all parties.

Amendments will be attached to the Agreement.

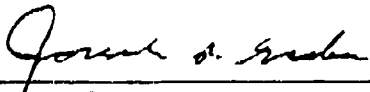
IX. SIGNATURES.



Gerald Christenson, Chancellor
State Community College System
August 17, 1987



Marge Goldberg, Co-Director
Parent Advocacy Coalition for Education Rights
March 10, 1987



Joseph Graba, Director
State Board of Vocational Technical Education
July 17, 1987



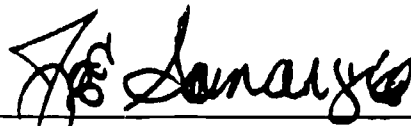
Lani Kawamura, Commissioner
State Planning Agency
• Governor's Planning Council on Developmental Disabilities
July 15, 1987



Sandra Gardebring, Commissioner
Department of Human Services
June 23, 1987



Ruth E. Randall, Commissioner
Department of Education
• Special Education
• Secondary Vocational Education
July 14, 1987



Joe Samargia, Commissioner
Department of Jobs and Training

- Division of Rehabilitation Services/Vocational Rehabilitation
- Office of the Commissioner/State Services for the Blind
- State Job Training Office/Job Training Partnership Act

March 6, 1987

X. APPENDICES.

Several appendices are attached:

- Work Plan for Implementation**
Biennial work plans specify activities, timelines, and evaluation criteria to accomplish each of the three goals of the agreement.
- Matrix**
This cooperative planning tool for local agencies describes which services currently exist.
- Glossary**
The various service categories used in the matrix are defined.
- Acronyms List**
Abbreviations for terms commonly used in education, job training, and human services are listed.
- State Transition Interagency Committee Members**
Members are listed as of July, 1987.
- Agency Roles and Responsibilities**
Agencies describe their roles as they relate to transition.
- Model Local Cooperative Agreements**
Agreements from Marshall, Rum River/St. Francis, and St. Paul are included as examples of local cooperative efforts regarding transition.
- Additional Resources**
A list of additional resources is included for reference purposes.

1987 TRANSITION LEGISLATION

TRANSITION GOALS AND OBJECTIVES ON IEP

Sec. 6. Minnesota Statutes 1986, section 120.17 subdivision 3a. is amended to read:

Subd. 3a. [SCHOOL DISTRICT OBLIGATIONS.] Every district shall ensure that

(1) all handicapped children are provided the special instruction and services which are appropriate to their needs. The student's needs and special education instruction and services to be provided shall be agreed upon through the development of an individual education plan. The plan shall address the student's need to develop skills to live and work as independently as possible within the community. By grade nine or age 14, the plan shall address the student's needs for transition from secondary services to post-secondary education and training, employment, and community living;

1987 TRANSITION LEGISLATION

COMMUNITY TRANSITION INTERAGENCY COMMITTEE

Subd. 16. [COMMUNITY TRANSITION INTERAGENCY COMMITTEE.] A district, group of districts, or special education cooperative, in cooperation with the county or counties in which the district or cooperative is located, shall establish a community transition interagency committee for handicapped youth, beginning at grade nine or age equivalent, and their families. Members of the committee shall consist of representatives from special education; post-secondary education and training institutions; parents of handicapped youth; local business or industry; rehabilitation services; county social services; health agencies; and additional public or private adult service providers as appropriate. The committee shall elect a chair and shall meet regularly. The committee shall:

(1) identify current services, programs, and funding sources provided within the community for secondary and post-secondary aged handicapped youth and their families;

(2) facilitate the development of multiagency teams to address present and future transition needs of individual students on their individual education plans;

(3) develop a community plan to include mission, goals, and objectives, and an implementation plan to assure that transition needs of handicapped individuals are met;

(4) recommend changes or improvements in the community system of transition services;

(5) exchange agency information such as appropriate data, effectiveness studies, special projects, exemplary programs and creative funding of programs; and

(6) prepare a yearly summary assessing the progress of transition services in the community and disseminate it to all adult services agencies involved in the planning and to the commissioner of education by September 1 of each year.

NEW YORK

Policy: Six laws exist that relate to the provision of transition services for youth with disabilities who are likely to be served in the adult system upon reaching the age of majority; Chapter 544 (Education Law, section 4404, subdivision 1, 1982), Chapter 570 (Education Law, section 4402, subdivision 1b, 1983), Chapter 462 (Education Law, section 4402, subdivision 6, 1984), Chapter 82 (Education Law, section 4402, subdivision 1b, 1985), Chapter 241 (1985), and Chapter 256 (Education Law, section 4402, subdivision 1b, 1988).

Parties involved: Various state departments as well as the New York State Citizen's Task Force on Aging Out and the New York State Council on Children and Families.

Purpose Under Chapter 544, youth between the ages of eighteen and twenty-one who attend out-of-state programs are referred to the adult service system. When the child reaches eighteen the home school district or social service agency informs parents that funds for educational services will stop at age twenty-one. Upon written authorization from the parents or child, information on the child is forwarded to the Council on Children and Families. The Council must work with adult providers and make recommendations for services that will be needed after age twenty-one. Recommendations must be sent to the parents no later than six months before the child turns twenty-one. The same process is used for children placed in out of state foster homes and treatment programs.

Under Chapter 570, passed in 1983, a similar process (to 544) is in place for children placed within New York State in a state or state supported school, group home, boarding home or child care facility. After receiving parental consent, information is sent to the relevant adult service agency. The agency can refuse the case if the service needs do not fit into its area. In case of dispute, the Council on Children will provide a resolution. For children in residential care or group homes, a social service official can initiate the process.

Chapter 462, passed in 1984, mandates planning and referral for youth who are receiving special education services for 100% of their day. With these children, transition planning begins at age fifteen. Chapter 82 (1985) further clarifies the consent issue by specifying that persons eighteen years or older must be given the opportunity to consent to the release of personal information.

Chapter 256 (1988) amends existing legislation to provide a more uniform process for referrals. Changes include making Chapter 544 referrals directly to appropriate adult services agencies (instead of to the Council on Children & Families), allowing for parent participation in the consent process for Chapter 462 referrals over age eighteen, deleting the current requirement of sending copies of all referral packets to the State Education Department, and making consistent the annual reporting requirements under all three referral laws.

Another approach to the transition needs of youth is seen in Chapter 241 (1985) which required the Council on Children and Families (a state agency) to develop a report that provided estimates of the number of youth who would age out of the system in the next five years. This information was shared with appropriate adult services agencies who were then required to submit long range plans dealing with these populations to the Governor and the Legislature early in 1986. New York also maintains a transitional funding program which allows young adults with disabilities to remain in their residential/educational program until space in an adult program is available. The New York State Citizens Task Force on Aging Out has several regional task forces that function both to comment on the problems associated with aging out and provide on-going public awareness activities. This Task Force is currently developing additional legislative proposals.

Relevance to children with emotional disabilities: Mental illness is one of the disabling conditions covered in these laws. Although initiating planning at age eighteen does not ensure placement in needed adult programs for all children with emotional disabilities, the referral processes would automatically include a large number of children with serious emotional disorders. New York has made provisions for working with a range of services from twenty-four hour residential/educational settings to a variety of special education programs in public and private schools. Such provisions are an important consideration for children with emotional disabilities

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1982 REGULAR SESSION

Laws of New York

**HANDICAPPED CHILDREN PLACED OUTSIDE STATE—
REFERRAL PROCESS FOR SERVICES AS ADULTS**

CHAPTER 544

Approved and effective July 20, 1982

AN ACT to amend the education law and the social services law, in relation to the establishment of a referral process for handicapped children returning to New York state for adult services

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Subdivision one of section forty-four hundred seven of the education law, as added by chapter eight hundred fifty-three of the laws of nineteen hundred seventy-six, is amended to read as follows:

1. a. When it shall appear to the satisfaction of the department that a handicapped child, who, in the judgement of the department can reasonably be expected to benefit from instruction, is not receiving such instruction because there are no appropriate public or private facilities for instruction of such a child within this state because of the unusual type of the handicap or combination of handicaps as certified by the commissioner, the department is authorized to contract with an educational facility located outside the state, which, in the judgement of the department, can meet the needs of such child, for instruction of such child in such educational facility, and the department is further authorized to expend for such purpose a sum not exceeding the allowable tuition charges per eligible pupil at such educational facilities as determined by the commissioner of education and approved by the director of the budget.

b. When a child, who is placed pursuant to this article in an educational facility located outside the state, attains the age of eighteen, the school district of which such child is a resident shall notify the child's parent or guardian in writing that the child will not be entitled to receive tuition free educational services after the age of twenty-one or after the time described in subdivision five of section forty-four hundred two of this chapter, whichever is later. If a child is over the age of eighteen when placed pursuant to this article in an educational facility located outside the state, such notice shall be made at the time of placement.

c. Written notice given pursuant to paragraph b of this subdivision shall describe in detail the parent's or guardian's opportunity to consent to having the child's name and other relevant information forwarded to the department for the purpose of determining whether such child will need services after the age of twenty-one and, if such need exists, planning and coordinating the child's return to New York state for adult services. For the purposes of this subdivision relevant information shall be defined as that information in the possession of and used by the school district to ascertain the physical, mental, emotional and cultural-educational factors which contribute to the child's handicapping condition, including but not limited to: results of physical and psychological examinations performed by private and school district physicians and psychologists; relevant information presented by the parent, guardian and teacher; school data which bear on the child's progress including the child's most recent individualized education program; results of the most recent examinations and evaluations performed pursuant to clause (d) of subparagraph three of paragraph b of subdivision one of section forty-four hundred two of this article; and results of other suitable evaluations and examinations possessed by the school district. Nothing in this subdivision shall be construed to require any school district to perform any examination or evaluation not otherwise required by law.

d. Upon the written consent of the parent or guardian, the department shall submit the relevant information received pursuant to paragraph c of this subdivision to the council on children and families on such child's need for service after age twenty-one for planning purposes.

e. When the relevant information is submitted to the council on children and families pursuant to this subdivision, the council shall cooperate with adult service providers, such as the department of social services, the office of mental retardation and developmental disabilities, the office of mental health and the office of vocational rehabilitation of the education department in determining whether such child will need services after the age of twenty-one and, if such need exists, planning and coordinating such child's return to New York state for adult services. The council shall arrange with the appropriate state agency for the development of a recommendation of all appropriate in-state programs operated, licensed, certified or authorized by such agency which may be available when such child attains the age of twenty-one. Such recommendation of all programs shall be made available to the parent or guardian of such child at least six months before such child attains the age of twenty-one. All records, reports and information received, compiled or maintained by the council pursuant to this subdivision shall be subject to the confidentiality requirements of the department.

§ 2. Section three hundred ninety-eight of the social services law is amended by adding a new subdivision twelve to read as follows:

12. (a) In the case of a child with a non-healing condition who is placed, pursuant to this chapter, in a foster care agency or institution located outside the state, and who attains the age of eighteen, the social services official shall:

(i) determine whether such child will need services after the age of twenty-one, and, if such need exists;

(ii) assess the nature of the services required;

(iii) notify the parent or guardian of such child's need for services; and

(iv) upon the written consent of the parent or guardian, and notwithstanding section three hundred seventy-two of this article, submit a report on the child's need for services after age twenty-one to the department for planning purposes.

(b) Upon the written consent of the parent or guardian; the department shall submit the report received pursuant to paragraph (a) of this subdivision to the council on children and families.

(c) When a child's report is submitted to the council on children and families pursuant to this subdivision, the council shall cooperate with adult service providers, such as the department of social services, the office of mental retardation and developmental disabilities, the office of mental health and the office of vocational rehabilitation of the education department in planning and coordinating such child's return to New York state for adult services. The council shall arrange with the appropriate state agency for the development of a recommendation of all appropriate in-state programs operated, licensed, certified or authorized by such agency and which may be available when such child attains the age of twenty-one. Such recommendation of all programs shall be made available to the parent or guardian of such child at least six months before such child attains the age of twenty-one. All records, reports and information received, compiled or maintained by the council pursuant to this subdivision shall be subject to the confidentiality requirements of the department.

§ 3. The commissioner of education, in consultation with the commissioners of the department of social services, the office of mental health and the office of mental retardation and developmental disabilities; and the commissioner of social services in consultation with the commissioners of

education, the office of mental health and the office of mental retardation and developmental disabilities shall promulgate rules and regulations as are appropriate to implement this act which shall provide for, but not be limited to: the identification of children placed out-of-state, the manner and format of the determination and assessment for services after age twenty-one, the notification and consent of the parent or guardian and, in consultation with the council on children and families, the form and content of the report filed with the council.

§ 4. This act shall take effect immediately.

CHAPTER 570 OF THE LAWS OF 1983
STATE OF NEW YORK

EFFECTIVE ^{6449--A} JULY 20, 1983

1983-1984 Regular Sessions

IN SENATE

May 3, 1983

Introduced by Sens. FLYNN, DONOVAN, JOHNSON, PADAVAN -- (at request of the Governor) -- read twice and ordered printed, and when printed to be committed to the Committee on Education -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the education law, the social services law, the mental hygiene law and the executive law, in relation to the referral of handicapped children for adult services

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

- 1 Section 1. Paragraph b of subdivision one of section four thousand
2 four hundred two of the education law is amended by adding a new sub-
3 paragraph five to read as follows:
4 5. The committee on the handicapped or, in the case of a state or
5 state supported school, the multidisciplinary team shall provide written
6 notice that a child who is placed in those residential programs speci-
7 fied in paragraphs d, g and l of subdivision two of section four
8 thousand four hundred one of this article is not entitled to receive tu-
9 ition free educational services after the age of twenty-one, the receipt
10 of a high school diploma or the time described in subdivision five of
11 this section. Such written notice shall be provided to the parents or
12 legal guardian of such child when such child attains the age of eighteen
13 or, if such child is over the age of eighteen when placed in such a
14 residential program, at the time of placement. The commissioner shall
15 designate the committee responsible for carrying out the provisions of
16 this subparagraph.
17 (a) Written notice given pursuant to this subparagraph shall describe
18 in detail the parent's or guardian's opportunity to consent to having
19 the child's name and other relevant information forwarded in a report to
20 the commissioner of mental health, commissioner of mental retardation
21 and developmental disabilities, commissioner of social services, or com-
22 missioner of education or their designees for the purpose of determining

EXPLANATION--Matter in italics (underscored) is new; matter in brackets [] is old law to be omitted.

LBD11135-04-3

1 whether such child will likely need services after the age of twenty-one
2 and, if so, recommending possible adult services. For the purposes of
3 this subparagraph "relevant information" shall be defined as that in-
4 formation in the possession of and used by the committee or the multid-
5 disciplinary team to ascertain the physical, mental, emotional and
6 cultural-educational factors which contribute to the child's handicap-
7 ping condition, including but not limited to: (i) results of physical
8 and psychological examinations performed by private and school district
9 physicians and psychologists; (ii) relevant information presented by the
10 parent, guardian and teacher; (iii) school data which bear on the
11 child's progress including the child's most recent individualized educa-
12 tion program; (iv) results of the most recent examinations and evalua-
13 tions performed pursuant to clause (d) of subparagraph three of this
14 paragraph; and (v) results of other suitable evaluations and examina-
15 tions possessed by the committee. Nothing in this clause shall be con-
16 strued to require any committee or multidisciplinary team to perform any
17 examination or evaluation not otherwise required by law.

18 (b) Upon the written consent of the parent or legal guardian, the com-
19 mittee or multidisciplinary team shall forward the child's name and
20 other relevant information in a report to the commissioner of mental
21 health, commissioner of mental retardation and developmental disabili-
22 ties, commissioner of social services or commissioner of education or
23 their designees for the development of a recommendation for adult ser-
24 vices pursuant to section 7.37 or 13.37 of the mental hygiene law, sec-
25 tion three hundred ninety-eight-c of the social services law or subdivi-
26 sion ten of section four thousand four hundred three of this article.
27 The committee or multidisciplinary team shall determine which commis-
28 sioner shall receive the report by considering the child's handicapping
29 condition and physical, mental, emotional and social needs.

30 (c) A copy of such report shall also be submitted to the state educa-
31 tion department at the same time that such report is submitted to the
32 commissioner of mental health, commissioner of mental retardation and
33 developmental disabilities or commissioner of social services or their
34 designees.

35 (d) When the committee or multidisciplinary team is notified by the
36 commissioner who received the report that such state agency is not
37 responsible for determining and recommending adult services for the
38 child, the committee or multidisciplinary team shall forward the report
39 to another commissioner; or, if the committee or multidisciplinary team
40 determines that there exists a dispute as to which state agency has the
41 responsibility for determining and recommending adult services, the com-
42 mittee or multidisciplinary team may forward the report to the council
43 on children and families for a resolution of such dispute.

44 (e) The committee and multidisciplinary team shall prepare and submit
45 an annual report to the state education department on October first,
46 nineteen hundred eighty-four and thereafter on or before October first
47 of each year. Such annual report shall contain the number of cases sub-
48 mitted to each commissioner pursuant to clause (b) of this subparagraph,
49 the type and severity of the handicapping condition involved with each
50 such case, the number of notices received which deny responsibility for
51 determining and recommending adult services, and other information
52 necessary for the state education department and the council on children
53 and families to monitor the need for adult services. Such annual report
54 shall not contain individually identifying information. The state educa-
55 tion department shall forward a copy of such annual report to the coun-

1 cil on children and families. All information received by the council on
2 children and families pursuant to this clause shall be subject to the
3 confidentiality requirements of the department.

4 § 2. Section four thousand four hundred three of such law is amended
5 by adding a new subdivision ten to read as follows:

6 10. a. The commissioner shall determine whether a child, whose report
7 is submitted to the department pursuant to clause (b) of subparagraph
8 five of paragraph b of subdivision one of section forty-four hundred two
9 of this article or subdivision thirteen of section three hundred ninety-
10 eight of the social services law, will likely need adult services and,
11 if such need will likely exist, develop a recommendation of all appro-
12 priate programs operated or approved by the department which may be
13 available when the child attains the age of twenty-one. If necessary and
14 appropriate, the commissioner may conduct an evaluation of the child to
15 determine if adult services will be needed. Such recommendation of all
16 programs shall be made available to the parent or guardian of such child
17 as soon as practicable but no later than six months before such child
18 attains the age of twenty-one.

19 b. If the commissioner determines, pursuant to paragraph a of this
20 subdivision, that such child will not require adult services, the com-
21 missioner shall notify the child's parent or guardian in writing of such
22 determination. Such notice shall be given as soon as practicable but no
23 later than six months before the child attains the age of twenty-one.

24 c. Notwithstanding paragraphs a and b of this subdivision, the commis-
25 sioner may determine that the education department is not responsible
26 for determining and recommending adult services for such child. When
27 such a determination is made it shall be made as soon as practicable af-
28 ter receiving the report and the commissioner shall promptly notify in
29 writing the committee on the handicapped, multidisciplinary team or
30 social services official who sent the report that such determination has
31 been made. Such notice shall state the reasons for the determination
32 and may recommend a state agency which may be responsible for determin-
33 ing and recommending adult services.

34 d. Nothing in this subdivision shall be construed to create an en-
35 titlement to adult services.

36 e. A designee of the commissioner may carry out the functions of the
37 commissioner described in this subdivision.

38 § 3. Section three hundred ninety-eight of the social services law is
39 amended by adding a new subdivision thirteen to read as follows:

40 13. (a) In the case of a child who is developmentally disabled as such
41 term is defined in section 1.03 of the mental hygiene law, emotionally
42 disturbed or physically handicapped and who is receiving care in a group
43 home, agency boarding home, or any child care facility operated by an
44 authorized agency with a capacity of thirteen or more children, who at-
45 tains the age of eighteen and who will continue in such care after the
46 age of eighteen, or who is placed in such care after the age of
47 eighteen, the social services official shall notify the parent or guar-
48 dian of such child that such care will terminate when such child attains
49 the age of twenty-one. Such notice shall be in writing and shall
50 describe in detail the parent's or guardian's opportunity to consent to
51 having such child's name and other information forwarded in a report to
52 the commissioner of mental health, commissioner of mental retardation
53 and developmental disabilities, commissioner of education or commis-
54 sioner of social services or their designees for the purpose of deter-

1 mining whether such child will likely need services after the age of
2 twenty-one and, if so, recommending possible adult services.

3 (b) Upon the written consent of the parent or guardian, and
4 notwithstanding section three hundred seventy-two of this article, the
5 social services official shall submit a report on such child's possible
6 need for services after age twenty-one to the commissioner of mental
7 health, commissioner of mental retardation and developmental disabili-
8 ties, commissioner of social services or commissioner of education or
9 their designees for the development of a recommendation pursuant to sec-
10 tion 7.37 or 13.37 of the mental hygiene law, section three hundred
11 ninety-eight-c of this article or subdivision ten of section four
12 thousand four hundred three of the education law. The social services
13 official shall determine which commissioner shall receive the report by
14 considering the child's handicapping condition. If the social services
15 official determines that the child will need adult services from the
16 department and such social services official is the commissioner's
17 designee pursuant to this subdivision and section three hundred ninety-
18 eight-c of this article, such social services official shall perform the
19 services described in section three hundred ninety-eight-c of this
20 article.

21 (c) A copy of such report shall also be submitted to the department at
22 the same time that such report is submitted to the commissioner of men-
23 tal health, commissioner of mental retardation and developmental disa-
24 bilities or commissioner of education or their designees.

25 (d) When the social services official is notified by the commissioner
26 who received the report that such state agency is not responsible for
27 determining and recommending adult services for the child, the social
28 services official shall forward the report to another commissioner; or,
29 if the social services official determines that there exists a dispute
30 between state agencies as to which state agency has the responsibility
31 for determining and recommending adult services, the social services of-
32 ficial may forward the report to the council on children and families
33 for a resolution of such dispute.

34 (e) The social services official shall prepare and submit an annual
35 report to the department on October first, nineteen hundred eighty-four
36 and thereafter on or before October first of each year. Such annual
37 report shall contain the number of cases submitted to each commissioner
38 pursuant to paragraph (b) of this subdivision, the type and severity of
39 the handicapping condition of each such case, the number of notices
40 received which deny responsibility for determining and recommending
41 adult services, and other information necessary for the department and
42 the council on children and families to monitor the need for adult ser-
43 vices, but shall not contain personally identifying information. The
44 department shall forward copies of such annual reports to the council on
45 children and families. All information received by the council on chil-
46 dren and families pursuant to this paragraph shall be subject to the
47 confidentiality requirements of the department.

48 § 4. Such law is amended by adding a new section three hundred ninety-
49 eight-c to read as follows:

50 § 398-c. Powers and duties of the commissioner in relation to
51 children. 1. The commissioner shall determine whether a child, whose
52 report is submitted to the department pursuant to subparagraph five of
53 paragraph b of subdivision one of section forty-four hundred two of the
54 education law or subdivision thirteen of section three hundred ninety-
55 eight of this article, will likely need adult services and, if such need

1 will likely exist, develop a recommendation of all appropriate programs
2 authorized or operated by the department which may be available when the
3 child attains the age of twenty-one. If necessary and appropriate, the
4 commissioner may conduct an evaluation of the child to determine if
5 adult services will be necessary. Such recommendation of all programs
6 shall be made available to the parent or guardian of such child as soon
7 as practicable but no later than six months before such child attains
8 the age of twenty-one.

9 2. If the commissioner determines pursuant to subdivision one of this
10 section, that such child will not require adult services, the commis-
11 sioner shall notify the child's parent or guardian in writing of such
12 determination. Such notice shall be given as soon as practicable but no
13 later than six months before the child attains the age of twenty-one.

14 3. Notwithstanding subdivisions one and two of this section, the com-
15 missioner may determine that the department is not responsible for
16 determining and recommending adult services for such child. When such a
17 determination is made it shall be made as soon as practicable after
18 receiving the report and the commissioner shall promptly notify in writ-
19 ing the committee on the handicapped, multidisciplinary team or social
20 services official who sent the report that such determination has been
21 made. Such notice shall state the reasons for the determination and may
22 recommend a state agency which may be responsible for determining and
23 recommending adult services.

24 4. Nothing in this section shall be construed to create an entitlement
25 to adult services.

26 5. A designee of the commissioner may carry out the functions of the
27 commissioner described in this section.

28 § 5. The mental hygiene law is amended by adding two new sections 7.37
29 and 13.37 to read as follows:

30 § 7.37 Powers of the office and commissioner in relation to the planning
31 and referral of mentally ill children for adult services.

32 (a) As used in this section:

33 1. "report" means a report submitted to the office pursuant to sub-
34 paragraph five of paragraph b of subdivision one of section four
35 thousand four hundred two of the education law or subdivision thirteen
36 of section three hundred ninety-eight of the social services law.

37 2. "child" means the child who is the subject of a report.

38 3. "local governmental unit" means a governmental unit as defined and
39 used in article forty-one of this chapter.

40 4. "voluntary agency" shall have the same meaning as that used in ar-
41 icle forty-one of this chapter.

42 (b) Upon receipt of a report, the commissioner shall review the report
43 to determine if the child will likely need adult services. If necessary
44 and appropriate, the commissioner may conduct an evaluation of the child
45 to determine if adult services will be needed. If the child will likely
46 need adult services, the commissioner shall identify in a written recom-
47 mendation those programs or services which may be available when the
48 child attains the age of twenty-one and which are operated or licensed
49 by the office and by the local governmental unit of the county in which
50 the child resides, or in the event that the child resides in a county
51 within the city of New York, the local governmental unit of the city of
52 New York. Such written recommendation shall be made available to the
53 child's parents or guardian as soon as practicable but not later than
54 six months before the child attains the age of twenty-one.

1 (c) If the commissioner determines, pursuant to subdivision (b) of
 2 this section, that such child will not require adult services, the com-
 3 missioner shall notify the child's parent or guardian in writing of such
 4 determination. Such notice shall be given as soon as practicable but no
 5 later than six months before the child attains the age of twenty-one.

6 (d) Notwithstanding subdivisions (b) and (c) of this section, the com-
 7 missioner may determine that the office is not responsible for determin-
 8 ing and recommending adult services for the child. When such a determi-
 9 nation is made it shall be made as soon as practicable after receiving
 10 the report and the commissioner shall promptly notify in writing the
 11 committee on the handicapped, multidisciplinary team or social services
 12 official who sent the report that such determination has been made. Such
 13 notice shall state the reasons for the determination and may recommend a
 14 state agency which may be responsible for determining and recommending
 15 adult services.

16 (e) The commissioner may designate any qualified employee of the of-
 17 fice or any psychiatric center to carry out the functions described in
 18 subdivisions (b), (c) and (d) of this section. The commissioner may en-
 19 ter agreements with local governmental units and voluntary agencies to
 20 provide the services described in subdivisions (b), (c) and (d) of this
 21 section. Consistent with these agreements, the commissioner may design-
 22 ate a local governmental unit or voluntary agency to carry out the
 23 functions of the commissioner described in this section and the local
 24 governmental unit or voluntary agency shall perform those functions.

25 (f) All information received by a local governmental unit or voluntary
 26 agency pursuant to this section shall be subject to the confidentiality
 27 requirements of the office.

28 (g) Nothing in this section shall be construed to create an entitle-
 29 ment to adult services.

30 § 13.37 Powers of the office and commissioner in relation to the plan-
 31 ning and referral of mentally retarded and developmentally
 32 disabled children for adult services.

33 (a) As used in this section:

34 1. "report" means a report submitted to the office pursuant to sub-
 35 paragraph five of paragraph b of subdivision one of section four
 36 thousand four hundred two of the education law or subdivision thirteen
 37 of section three hundred ninety-eight of the social services law.

38 2. "child" means the child who is the subject of a report.

39 3. "local governmental unit" means a governmental unit as defined and
 40 used in article forty-one of this chapter.

41 4. "voluntary agency" shall have the same meaning as that used in ar-
 42 ticle forty-one of this chapter.

43 (b) Upon receipt of a report, the commissioner shall review the report
 44 to determine if the child will likely need adult services. If necessary
 45 and appropriate, the commissioner may conduct an evaluation of the child
 46 to determine if adult services will be needed. If the child will likely
 47 need adult services, the commissioner shall identify in a written recom-
 48 mendation those programs or services which may be available when the
 49 child attains the age of twenty-one and which are operated or licensed
 50 by the office and by the local governmental unit of the county in which
 51 the child resides, or in the event that the child resides in a county
 52 within the city of New York, the local governmental unit of the city of
 53 New York. Such written recommendation shall be made available to the
 54 child's parents or guardian as soon as practicable but no later than six
 55 months before the child attains the age of twenty-one.

1 (c) If the commissioner determines, pursuant to subdivision (b) of
2 this section, that such child will not require adult services, the com-
3 missioner shall notify the child's parent or guardian in writing of such
4 determination. Such notice shall be given as soon as practicable but no
5 later than six months before the child attains the age of twenty-one.

6 (d) Notwithstanding subdivisions (L) and (c) of this section the com-
7 missioner may determine that the office is not responsible for determin-
8 ing and recommending adult services for the child. When such a determi-
9 nation is made it shall be made as soon as practicable after receiving
10 the report and the commissioner shall promptly notify in writing the
11 committee on the handicapped, multidisciplinary team or social services
12 official who sent the report that such determination has been made. Such
13 notice shall state the reasons for the determination and may recommend a
14 state agency which may be responsible for determining and recommending
15 adult services.

16 (e) The commissioner may designate any qualified employee of the of-
17 fice to carry out the functions described in subdivisions (b), (c) and
18 (d) of this section. The commissioner may enter agreements with local
19 governmental units and voluntary agencies to provide the services
20 described in subdivisions (b), (c) and (d) of this section. Consistent
21 with these agreements, the commissioner may designate a local governmen-
22 tal unit or voluntary agency to carry out the functions of the commis-
23 sioner described in this section and the local governmental unit or
24 voluntary agency shall perform those functions.

25 (f) All information received by a local governmental unit or voluntary
26 agency pursuant to this section shall be subject to the confidentiality
27 requirements of the office.

28 (g) Nothing in this section shall be construed to create an entitle-
29 ment to adult services.

30 § 6. Subdivision five of section four hundred forty-four of the exe-
31 cutive law is amended by adding a new paragraph (e) to read as follows:

32 (e) A dispute relative to which member agency shall have the responsi-
33 bility for determining and recommending adult services pursuant to sec-
34 tions 7.37 and 13.37 of the mental hygiene law, section three hundred
35 ninety-eight-c of the social services law, or subdivision ten of section
36 four hundred forty-four of the education law shall be resolved in ac-
37 cordance with this subdivision.

38 § 7. The commissioners of education, department of social services,
39 office of mental health, and office of mental retardation and develop-
40 mental disabilities and the executive director of the council on chil-
41 dren and families, in consultation with one another, shall promulgate,
42 within six months from the date that this act shall take effect, rules
43 and regulations as are appropriate to implement this act. Such regula-
44 tions shall provide that the notices and reports required by this act
45 shall, to the extent possible, be compatible among such state agencies.

46 § 8. This act shall take effect immediately.

CHAPTER 462
LAWS OF 1984
STATE OF NEW YORK

8535--A

IN SENATE

March 21, 1984

Introduced by Sens. FLYNN, PADAVAN, DONOVAN -- (at request of the Governor) -- read twice and ordered printed, and when printed to be committed to the Committee on Education -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the education law and the mental hygiene law, in relation to the referral of handicapped children for adult services

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

- 1 Section 1. Paragraph b of subdivision one of section four thousand
2 four hundred two of the education law is amended by adding a new sub-
3 paragraph six to read as follows:
4 (6) Upon the first annual review after the age of fifteen of a child
5 who: is receiving non-residential special services or programs as speci-
6 fied in paragraph a, b, c, e, f, i, j or l of subdivision two of section
7 four thousand four hundred one of this article; is receiving such spe-
8 cial services or programs one hundred per centum of the school day; is
9 receiving individualized attention or intervention because of intensive
10 management needs or a severe handicap; and, may need, as determined by
11 the committee on the handicapped pursuant to regulations promulgated by
12 the commissioner of education, adult services from the office of mental
13 health, office of mental retardation and developmental disabilities or
14 the state education department, the committee shall provide written not-
15 ice to such child's parent or guardian that such child is not entitled
16 to receive tuition free educational services after the receipt of a high
17 school diploma, the age of twenty-one or the time described in subdivi-
18 sion five of this section.
19 (a) Written notice given pursuant to this subparagraph shall describe
20 in detail the parent's or guardian's opportunity to consent to having
21 the child's name and other relevant information forwarded in a report
22 to the commissioner of mental health, commissioner of mental retardation
23 and developmental disabilities or commissioner of education or their
24 designees for the purpose of determining whether such child will likely
25 need adult services and, if so, recommending possible adult services.

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets [] is old law to be omitted.

LBD13581-03-4

1 For the purposes of this subparagraph "relevant information" shall be
2 defined as that information in the possession of and used by the commit-
3 tee to ascertain the physical, mental, emotional and cultural-
4 educational factors which contribute to the child's handicapping condi-
5 tion, including but not limited to: (i) results of physical and psy-
6 chological examinations performed by private and school district physi-
7 cians and psychologists; (ii) relevant information presented by the
8 parent, guardian and teacher; (iii) school data which bear on the
9 child's progress including the child's most recent individualized educa-
10 tion program; (iv) results of the most recent examinations and evalua-
11 tions performed pursuant to clause (d) of subparagraph three of this
12 paragraph; and (v) results of other suitable evaluations and examina-
13 tions possessed by the committee. Nothing in this subparagraph shall be
14 construed to require any committee to perform any examination or evalua-
15 tion not otherwise required by law.

16 (b) Upon the written consent of the parent or guardian, the committee
17 shall forward the child's name and other relevant information, in a
18 report to the commissioner of mental health, commissioner of mental
19 retardation and developmental disabilities or commissioner of education
20 or their designees for the development of a recommendation for adult
21 services pursuant to section 7.37 or 13.37 of the mental hygiene law or
22 subdivision ten of section four thousand four hundred three of this
23 article. The committee shall determine which commissioner shall receive
24 the report by considering the child's handicapping condition and phys-
25 ical, mental, emotional and social needs. The committee shall forward ad-
26 ditional and updated relevant information to the commissioner of mental
27 health, commissioner of mental retardation and developmental disabili-
28 ties or commissioner of education or their designees upon the request
29 for such information by such commissioner or designee and upon obtaining
30 appropriate consent.

31 (c) A copy of such report shall also be submitted to the state educa-
32 tion department at the same time that such report is forwarded to the
33 commissioner of mental health or commissioner of mental retardation and
34 developmental disabilities or their designee.

35 (d) When the committee is notified by the commissioner who received
36 the report that such state agency is not responsible for determining and
37 recommending adult services for the child, the committee shall forward
38 the report to another commissioner; or, if the committee determines that
39 there exists a dispute as to which state agency has the responsibility
40 for determining and recommending adult services, the committee may for-
41 ward the report to the council on children and families for a resolution
42 of such dispute.

43 (e) The committee shall prepare and submit an annual report to the
44 state education department on October first, of each year. Such annual
45 report shall contain the number of cases submitted to each commissioner
46 pursuant to clause (b) of this subparagraph, the type and severity of
47 the handicapping condition involved with each such case, the number of
48 notices received which deny responsibility for determining and recom-
49 mending adult services, and other information necessary for the state
50 education department and the council on children and families to monitor
51 the need for adult services. Such annual report shall not contain indiv-
52 idually identifying information. The state education department shall
53 forward a copy of such annual report to the council on children and
54 families. All information received by the council on children and famil-

1 ies pursuant to this clause shall be subject to the confidentiality
2 requirements of the department.

3 § 2. Paragraph a of subdivision ten of section four thousand four hun-
4 dred three of such law, as added by chapter five hundred seventy of the
5 laws of nineteen hundred eighty-three, is amended to read as follows:

6 a. The commissioner shall determine whether a child, whose report is
7 submitted to the department pursuant to clause (b) of subparagraph five
8 or six of paragraph b of subdivision one of section forty-four hundred
9 two of this article or subdivision thirteen of section three hundred
10 ninety-eight of the social services law, will likely need adult services
11 and, if such need will likely exist, develop a recommendation of all ap-
12 propriate adult programs operated or approved by the department which
13 may be available [when the child attains the age of twenty-one]. If
14 necessary and appropriate, the commissioner may conduct an evaluation of
15 the child to determine if adult services will be needed. Such recommen-
16 dation of all programs shall be made available to the parent or guardian
17 of such child as soon as practicable but no later than six months before
18 such child attains the age of twenty-one.

19 § 3. Subdivisions (a) and (b) of section 7.37 of the mental hygiene
20 law, as added by chapter five hundred seventy of the laws of nineteen
21 hundred eighty-three, are amended to read as follows:

22 (a) As used in this section:

23 1. "report" means a report submitted to the office pursuant to sub-
24 paragraph five or six of paragraph b of subdivision one of section four
25 thousand four hundred two of the education law or subdivision thirteen
26 of section three hundred ninety-eight of the social services law.

27 2. "child" means the child who is the subject of a report.

28 3. "local governmental unit" means a governmental unit as defined and
29 used in article forty-one of this chapter.

30 4. "voluntary agency" shall have the same meaning as that used in ar-
31 ticle forty-one of this chapter.

32 (b) Upon receipt of a report, the commissioner shall review the report
33 to determine if the child will likely need adult services. If necessary
34 and appropriate, the commissioner may conduct an evaluation of the child
35 to determine if adult services will be needed. If the child will likely
36 need adult services, the commissioner shall identify in a written recom-
37 mendation those adult programs or services which may be available [when
38 the child attains the age of twenty-one] and which are operated or
39 licensed by the office and by the local governmental unit of the county
40 in which the child resides, or in the event that the child resides in a
41 county within the city of New York, the local governmental unit of the
42 city of New York. Such written recommendation shall be made available to
43 the child's parents or guardian as soon as practicable but not later
44 than six months before the child attains the age of twenty-one.

45 § 4. Subdivisions (a) and (b) of section 13.37 of such law, as added
46 by chapter five hundred seventy of the laws of nineteen hundred eighty-
47 three, are amended to read as follows:

48 (a) As used in this section:

49 1. "report" means a report submitted to the office pursuant to sub-
50 paragraph five or six of paragraph b of subdivision one of section four
51 thousand four hundred two of the education law or subdivision thirteen
52 of section three hundred ninety-eight of the social services law.

53 2. "child" means the child who is the subject of a report.

54 3. "local governmental unit" means a governmental unit as defined and
55 used in article forty-one of this chapter.

1 4. "voluntary agency" shall have the same meaning as that used in ar-
2 ticle forty-one of this chapter.

3 (b) Upon receipt of a report, the commissioner shall review the report
4 to determine if the child will likely need adult services. If necessary
5 and appropriate, the commissioner may conduct an evaluation of the child
6 to determine if adult services will be needed. If the child will likely
7 need adult services, the commissioner shall identify in a written recom-
8 mendation those adult programs or services which may be available [when
9 the child attains the age of twenty-one] and which are operated or
10 licensed by the office and by the local governmental unit of the county
11 in which the child resides, or in the event that the child resides in a
12 county within the city of New York, the local governmental unit of the
13 city of New York. Such written recommendation shall be made available to
14 the child's parents or guardian as soon as practicable but no later than
15 six months before the child attains the age of twenty-one.

16 § 5. The commissioners of education, office of mental health, and of-
17 fice of mental retardation and developmental disabilities and the exe-
18 cutive director of the council on children and families, in consultation
19 with one another, shall promulgate, within one hundred eighty days after
20 this act shall have become a law, rules and regulations as are appropri-
21 ate to implement this act. Such regulations shall provide that the not-
22 ices and reports required by this act shall, to the extent possible, be
23 compatible among such state agencies.

24 § 6. This act shall take effect on the one hundred eightieth day after
25 it shall have become a law.

Signed July 18, 1984
effective January 1985

CHAPTER 82 OF THE LAWS OF 1985
STATE OF NEW YORK

3173

1985-1986 Regular Sessions

IN SENATE

February 26, 1985

Introduced by Sens. FLYNN, DONOVAN -- (at request of the Council on Children and Families) -- read twice and ordered printed, and when printed to be committed to the Committee on Education

AN ACT to amend the education law and the executive law, in relation to the referral of handicapped children for adult services

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Subparagraph five of paragraph b of subdivision one of section
2 four thousand four hundred two of the education law, as added by
3 chapter five hundred seventy of the laws of nineteen hundred eighty-
4 three, is amended to read as follows:

5 [5.] (5) The committee on the handicapped or, in the case of a state
6 or state supported school, the multidisciplinary team shall provide
7 written notice that a child who is placed in those residential programs
8 specified in paragraphs d, g and l of subdivision two of section four
9 thousand four hundred one of this article is not entitled to receive tu-
10 tion free educational services after the age of twenty-one, the receipt
11 of a high school diploma or the time described in subdivision five of
12 this section. Such written notice shall be provided to the parents or
13 legal guardian of such child when such child attains the age of eighteen
14 or, if such child is over the age of eighteen when placed in such a
15 residential program, at the time of placement. The commissioner shall
16 designate the committee responsible for carrying out the provisions of
17 this subparagraph.

18 (a) Written notice given pursuant to this subparagraph shall describe
19 in detail the [parent's or guardian's] opportunity to consent to
20 [having] have the child's name and other relevant information forwarded
21 in a report to the commissioner of mental health, commissioner of mental
22 retardation and developmental disabilities, commissioner of social ser-

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[] is old law to be omitted.

LBD07826-01-5

1 vices, or commissioner of education or their designees for the purpose
2 of determining whether such child will likely need services after the
3 age of twenty-one and, if so, recommending possible adult services. For
4 the purposes of this subparagraph "relevant information" shall be
5 defined as that information in the possession of and used by the commit-
6 tee or the multidisciplinary team to ascertain the physical, mental,
7 emotional and cultural-educational factors which contribute to the
8 child's handicapping condition, including but not limited to: (i)
9 results of physical and psychological examinations performed by private
10 and school district physicians and psychologists; (ii) relevant informa-
11 tion presented by the parent, guardian and teacher; (iii) school data
12 which bear on the child's progress including the child's most recent in-
13 dividualized education program; (iv) results of the most recent examin-
14 ations and evaluations performed pursuant to clause (d) of subparagraph
15 three of this paragraph; and (v) results of other suitable evaluations
16 and examinations possessed by the committee. Nothing in this [clause]
17 subparagraph shall be construed to require any committee or multid-
18 disciplinary team to perform any examination or evaluation not otherwise
19 required by law.

20 (b) Upon [the written] consent [of the parent or legal guardian] ob-
21 tained pursuant to clause (c) of this subparagraph, the committee or
22 multidisciplinary team shall forward the child's name and other relevant
23 information in a report to the commissioner of mental health, commis-
24 sioner of mental retardation and developmental disabilities, commis-
25 sioner of social services or commissioner of education or their desig-
26 nees for the development of a recommendation for adult services pursuant
27 to section 7.37 or 13.37 of the mental hygiene law, section three hun-
28 dred ninety-eight-c of the social services law or subdivision ten of
29 section four thousand four hundred three of this article. The committee
30 or multidisciplinary team shall determine which commissioner shall
31 receive the report by considering the child's handicapping condition and
32 physical, mental, emotional and social needs. The committee shall for-
33 ward additional and updated relevant information to the commissioner of
34 mental health, commissioner of mental retardation and developmental dis-
35 abilities, commissioner of social services, or commissioner of educa-
36 tion or their designees upon the request for such information by such
37 commissioner or designee.

38 (c) Upon receipt of the notice by the child pursuant to clause (a) of
39 this subparagraph, the child shall be given the opportunity to consent
40 or withhold consent to the release of the relevant information. Such op-
41 portunity shall be given within twenty days of the receipt of the
42 notice. An appropriate member of the staff of the educational facility
43 shall be available to assist the child, if necessary, to understand the
44 contents of the notice and the need for his or her consent for the
45 release of the relevant information. A form, prescribed by the commis-
46 sioner, shall be presented to the child for response, which shall
47 clearly set forth the options of giving consent or withholding consent.
48 In the event that the child exercises neither option, and the designated
49 member of the staff of the educational facility has reason to believe
50 that the child may not be able to understand the purpose of the form,
51 the committee on the handicapped or the multidisciplinary team shall
52 give the parent or guardian of the child the opportunity to consent in
53 writing to the release of the relevant information. Nothing in this
54 clause shall be construed to be a determination of the child's mental
55 capacity.

1 [(c)] (d) A copy of such report shall also be submitted to the state
2 education department at the same time that such report is submitted to
3 the commissioner of mental health, commissioner of mental retardation
4 and developmental disabilities or commissioner of social services or
5 their designees.

6 [(d)] (e) When the committee or multidisciplinary team is notified by
7 the commissioner who received the report that such state agency is not
8 responsible for determining and recommending adult services for the
9 child, the committee or multidisciplinary team shall forward the report
10 to another commissioner; or, if the committee or multidisciplinary team
11 determines that there exists a dispute as to which state agency has the
12 responsibility for determining and recommending adult services, the com-
13 mittee or multidisciplinary team may forward the report to the council
14 on children and families for a resolution of such dispute.

15 [(e)] (f) The committee and multidisciplinary team shall prepare and
16 submit an annual report to the state education department on October
17 first, nineteen hundred eighty-four and thereafter on or before October
18 first of each year. Such annual report shall contain the number of cases
19 submitted to each commissioner pursuant to clause (b) of this subpara-
20 graph, the type and severity of the handicapping condition involved with
21 each such case, the number of notices received which deny responsibility
22 for determining and recommending adult services, and other information
23 necessary for the state education department and the council on children
24 and families to monitor the need for adult services. Such annual report
25 shall not contain individually identifying information. The state educa-
26 tion department shall forward a copy of such annual report to the coun-
27 cil on children and families. All information received by the council on
28 children and families pursuant to this clause shall be subject to the
29 confidentiality requirements of the department.

30 § 2. Subdivision one of section four thousand four hundred seven of
31 such law, as amended by chapter five hundred forty-four of the laws of
32 nineteen hundred eighty-two, is amended to read as follows:

33 1. a. When it shall appear to the satisfaction of the department that
34 a handicapped child, who, in the judgement of the department can rea-
35 sonably be expected to benefit from instruction, is not receiving such
36 instruction because there are no appropriate public or private facili-
37 ties for instruction of such a child within this state because of the
38 unusual type of the handicap or combination of handicaps as certified by
39 the commissioner, the department is authorized to contract with an edu-
40 cational facility located outside the state, which, in the judgement of
41 the department, can meet the needs of such child, for instruction of
42 such child in such educational facility, and the department is further
43 authorized to expend for such purpose a sum not exceeding the allowable
44 tuition charges per eligible pupil at such educational facilities as
45 determined by the commissioner of education and approved by the director
46 of the budget.

47 b. When a child, who is placed pursuant to this article in an educa-
48 tional facility located outside the state, attains the age of eighteen,
49 the school district of which such child is a resident shall notify the
50 child and such child's parent or guardian in writing that the child will
51 not be entitled to receive tuition free educational services after the
52 age of twenty-one or after the time described in subdivision five of
53 section forty-four hundred two of this chapter, whichever is later. If a
54 child is over the age of eighteen when placed pursuant to this article

1 in an educational facility located outside the state. such notice shall
2 be made at the time of placement.

3 c. Written notice given pursuant to paragraph b of this subdivision
4 shall describe in detail the [parent's or guardian's] opportunity to
5 [consent to having] have the child's name and other relevant information
6 forwarded to the department for the purpose of determining whether such
7 child will need services after the age of twenty-one and, if such need
8 exists, planning and coordinating the child's return to New York state
9 for adult services. For the purposes of this subdivision relevant in-
10 formation shall be defined as that information in the possession of and
11 used by the school district to ascertain the physical, mental, emotional
12 and cultural-educational factors which contribute to the child's handi-
13 capping condition, including but not limited to: results of physical and
14 psychological examinations performed by private and school district
15 physicians and psychologists; relevant information presented by the
16 parent, guardian and teacher; school data which bear on the child's pro-
17 gress including the child's most recent individualized education pro-
18 gram; results of the most recent examinations and evaluations performed
19 pursuant to clause (d) of subparagraph three of paragraph b of subdivi-
20 sion one of section forty-four hundred two of this article; and results
21 of other suitable evaluations and examinations possessed by the school
22 district. The school district shall forward additional and updated
23 relevant information to the department upon the request for such in-
24 formation by the commissioner of education or his designee. Nothing in
25 this subdivision shall be construed to require any school district to
26 perform any examination or evaluation not otherwise required by law.

27 d. Upon [the written] consent [of the parent or guardian] obtained
28 pursuant to paragraph e of this subdivision, the department shall submit
29 the relevant information received pursuant to paragraph c of this sub-
30 division to the council on children and families on such child's need
31 for service after age twenty-one for planning purposes.

32 e. Upon receipt of the notice by the child pursuant to paragraph b of
33 this subdivision, the child shall be given the opportunity to consent or
34 withhold consent to the release of the relevant information. Such oppor-
35 tunity shall be given within twenty days of the receipt of the notice.
36 An appropriate member of the staff of the educational facility shall be
37 available to assist the child, if necessary, to understand the contents
38 of the notice and the need for his or her consent for the release of the
39 relevant information. A form, prescribed by the commissioner, shall be
40 presented to the child for response, which shall clearly set forth the
41 options of giving consent or specifically withholding consent. In the
42 event that the child exercises neither option, and the designated member
43 of the staff of the educational facility has reason to believe that the
44 child may not be able to understand the purpose of the form, the school
45 district shall give the parent or guardian of the child the opportunity
46 to consent in writing to the release of the relevant information. Noth-
47 ing in this paragraph shall be construed to be a determination of the
48 child's mental capacity.

49 f. When the relevant information is submitted to the council on chil-
50 dren and families pursuant to this subdivision, the council shall coop-
51 erate with adult service providers, such as the department of social
52 services, the office of mental retardation and developmental disabili-
53 ties, the office of mental health and the office of vocational rehabili-
54 tation of the education department in determining whether such child
55 will need services after the age of twenty-one and, if such need exists,

1 planning and coordinating such child's return to New York state for
2 adult services. The council shall arrange with the appropriate state
3 agency for the development of a recommendation of all appropriate in-
4 state programs operated, licensed, certified or authorized by such
5 agency which may be available when such child attains the age of twenty-
6 one. Such recommendation of all programs shall be made available to the
7 parent or guardian of such child at least six months before such child
8 attains the age of twenty-one. All records, reports and information
9 received, compiled or maintained by the council pursuant to this subdiv-
10 ision shall be subject to the confidentiality requirements of the
11 department.

12 § 3. Paragraph (e) of subdivision five of section four hundred forty-
13 four of the executive law, as added by chapter five hundred seventy of
14 the laws of nineteen hundred eighty-three, is amended to read as
15 follows:

16 (e) A dispute relative to which member agency shall have the responsi-
17 bility for determining and recommending adult services pursuant to sec-
18 tions 7.37 and 13.37 of the mental hygiene law, section three hundred
19 ninety-eight-c of the social services law, or subdivision ten of section
20 [four hundred forty-four] four thousand four hundred three of the educa-
21 tion law shall be resolved in accordance with this subdivision.

22 § 4. This act shall take effect immediately.

Signed 5/15

Chapter 241

STATE OF NEW YORK

3971--A

Cal. No. 373

1985-1986 Regular Sessions

IN ASSEMBLY

February 25, 1985

Introduced by M. of A. SANDERS, ENGEL, LIPSCHUTZ, TOCCI -- Multi-Sponsored by -- M. of A. GOTTFRIED, HARRISON, MURTAUGH, SERRANO, E. C. SULLIVAN -- read once and referred to the Committee on Mental Health, Alcoholism and Substance Abuse -- Assembly Bill no. 3971 passed by Assembly and delivered to the Senate, substituted for Senate Bill No. 3073 by Sens. FLYNN, LAVALLE, N. LEVY, PADAVAN, ROLISON, TRUNZO, TULLY, WEINSTEIN -- passed by Senate and delivered to the Governor -- recalled from Governor, vote reconsidered, bill amended, ordered reprinted and restored to third reading

AN ACT to require the office of mental health, the office of mental retardation and developmental disabilities, the department of social services and the education department to report to the legislature and the governor on plans to develop services for the population identified by the council on children and families as aging out of children's facilities and needing services provided under the auspice of such office or department

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

- 1 Section 1. Legislative findings and intent. The legislature is
- 2 concerned that adolescents and disabled young adults who are placed in
- 3 residential facilities for persons under the age of twenty-one, and who
- 4 become ineligible for funding in these placements at that age, require
- 5 adult services but that sufficient adult services for this population
- 6 are not available. The adult service system has limited ability to serve
- 7 this population due to a shortage of appropriate residential and day
- 8 programs.
- 9 Mechanisms for the identification and referral of these young people
- 10 to appropriate adult services established during the last two years at

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets [] is old law to be omitted.

LBD05776-02-5

1 the direction of the legislature have and will yield necessary informa-
2 tion regarding the size of this population and its service requirements.
3 The legislature finds that the agencies to whom these individuals will
4 be referred for care should develop a plan for the development of appro-
5 priate adult services for this group. A requirement that the office of
6 mental health, the office of mental retardation and developmental disa-
7 bilities, the department of social services and the education department
8 report to the legislature and the governor on their plans for develop-
9 ment of services for this population will assist the legislature and the
10 governor in assessing the states efforts to alleviate the shortage of
11 appropriate adult services for this population and determining what
12 legislative action may be necessary.

13 § 2. The council on children and families shall on or before September
14 first, nineteen hundred eighty-five, furnish the office of mental
15 health, the office of mental retardation and developmental disabilities,
16 the department of social services and the education department with an
17 estimate of the number of disabled persons placed in children's facili-
18 ties who, during each of the next five fiscal years will become ineligi-
19 ble for continued placement in those facilities upon reaching the age of
20 twenty-one and will need assistance in securing appropriate residential
21 and day services provided under the auspice of each agency.

22 § 3. The office of mental health and office of mental retardation and
23 developmental disabilities shall each develop a plan to provide appro-
24 priate services including residential services for the population iden-
25 tified by the council on children and families as aging out of
26 children's facilities who will likely be in need of services from said
27 offices. The plans shall be prepared in consultation with the department
28 of social services and the education department and shall be presented
29 to the legislature and the governor no later than February eleventh,
30 nineteen hundred eighty-six. Such plans shall include but not be limited
31 to estimates of the number of residential beds needed, type of day ser-
32 vices necessary, and the development of said facilities and services.

33 § 4. This act shall take effect immediately.

SEARCH
00001 256
TEXT

LAWS OF NEW YORK, 1988

CHAPTER 256

AN ACT to amend the education law and the mental hygiene law, in relation to planning adult services for certain students with handicapping conditions and to repeal certain provisions of the education law relating thereto

Became a law July 11, 1988, with the approval of the Governor.

Passed by a majority vote, three-fifths being present.

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Subparagraph five of paragraph b of subdivision one of section forty-four hundred two of the education law, as amended by chapter eighty-two of the laws of nineteen hundred eighty-five, the opening paragraph and clause (c) as amended by chapter six hundred forty-two of the laws of nineteen hundred eighty-seven, is amended to read as follows:

(5) The committee on special education or, in the case of a state §or state supported† OPERATED school, the multidisciplinary team shall provide written notice that a child who is placed in those residential programs specified in paragraphs d, g, H and l of subdivision two of section §four thousand four† FORTY-FOUR hundred one of this article is not entitled to receive tuition free educational services after the age of twenty-one, the receipt of a high school diploma or the time described in subdivision five of this section. Such written notice shall be provided to the CHILD AND TO THE parents or legal guardian of such child when such child attains the age of eighteen or, if such child is over the age of eighteen when placed in such a residential program, at the time of placement. §The commissioner shall designate the committee responsible for carrying out the provisions of this subparagraph† UPON THE FIRST ANNUAL REVIEW AFTER THE AGE OF FIFTEEN OF A CHILD WHO IS RECEIVING NON-RESIDENTIAL SPECIAL SERVICES OR PROGRAMS AS SPECIFIED IN PARAGRAPH A, B, C, D, E, F, I, J, L OR M OF SUBDIVISION TWO OF SECTION FORTY-FOUR HUNDRED ONE OF THIS ARTICLE, OR IS RECEIVING SPECIAL SERVICES OR PROGRAMS IN A DAY PROGRAM AT THE HUMAN RESOURCES SCHOOL; IS RECEIVING SUCH SPECIAL SERVICES OR PROGRAMS ONE HUNDRED PER CENTUM OF THE SCHOOL DAY; IS RECEIVING INDIVIDUALIZED ATTENTION OR INTERVENTION BECAUSE OF INTENSIVE MANAGEMENT NEEDS OR A SEVERE HANDICAP; AND, AS DETERMINED BY THE COMMITTEE ON SPECIAL EDUCATION OR MULTIDISCIPLINARY TEAM PURSUANT TO REGULATIONS PROMULGATED BY THE COMMISSIONER, MAY NEED ADULT SERVICES FROM THE OFFICE OF MENTAL HEALTH, OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES, THE STATE DEPARTMENT OF SOCIAL SERVICES, A SOCIAL SERVICES DISTRICT, OR THE STATE EDUCATION DEPARTMENT, THE COMMITTEE OR MULTIDISCIPLINARY TEAM SHALL PROVIDE TO SUCH CHILD'S PARENT OR GUARDIAN, AND IF SUCH CHILD IS EIGHTEEN YEARS OF AGE OR OLDER, TO THE CHILD, WRITTEN NOTICE THAT SUCH CHILD IS NOT ENTITLED TO RECEIVE TUITION

FREE EDUCATIONAL SERVICES AFTER THE RECEIPT OF A HIGH SCHOOL DIPLOMA, THE AGE OF TWENTY-ONE OR THE TIME DESCRIBED IN SUBDIVISION FIVE OF THIS SECTION.

(a) Written notice given pursuant to this subparagraph shall describe in detail the opportunity to consent to have the child's name and other relevant information forwarded in a report to the commissioner of mental health, commissioner of mental retardation and developmental disabilities, commissioner of social services, or commissioner of education, or their designees, for the purpose of determining whether such child will likely need ADULT services §after the age of twenty-one† and, if so, recommending possible adult services. For the purposes of this subparagraph "relevant information" shall be defined as that information in the possession of and used by the committee or the multidisciplinary team to ascertain the physical, mental, emotional and cultural-educational factors which contribute to the child's handicapping condition, including but not limited to: (i) results of physical and psychological examinations performed by private and school district physicians and psychologists; (ii) relevant information presented by the parent, guardian and teacher; (iii) school data which bear on the child's progress including the child's most recent individualized education program; (iv) results of the most recent examinations and evaluations performed pursuant to clause (d) of subparagraph three of this paragraph; and (v) results of other suitable evaluations and examinations possessed by the committee OR MULTIDISCIPLINARY TEAM. Nothing in this subparagraph shall be construed to require any committee or multidisciplinary team to perform any examination or evaluation not otherwise required by law.

(b) Upon consent obtained pursuant to clause (c) of this subparagraph, the committee or multidisciplinary team shall forward the child's name and other relevant information in a report to the commissioner of mental health, commissioner of mental retardation and developmental disabilities, commissioner of social services, or commissioner of education, or their designees, for the development of a recommendation for adult services pursuant to section 7.37 or 13.37 of the mental hygiene law, section three hundred ninety-eight-c of the social services law or subdivision ten of section §four thousand four† FORTY-FOUR hundred three of this article. The committee or multidisciplinary team shall determine which commissioner shall receive the report by considering the child's handicapping condition and physical, mental, emotional and social needs. The committee shall forward additional and updated relevant information to the commissioner of mental health, commissioner of mental retardation and developmental disabilities, commissioner* of social services, or commissioner of education, or their designees, upon the request for such information by such commissioner or designee.

(c) Upon receipt of the notice by the child pursuant to §clause (a) off this subparagraph, the child, IF EIGHTEEN YEARS OF AGE OR OLDER, shall be given the opportunity to consent or withhold consent to the release of the relevant information. Such opportunity shall be given within twenty days of the receipt of the notice. An appropriate member of the staff of the educational facility shall be available to assist

the child, if necessary, to understand the contents of the notice and the need for his or her consent for the release of the relevant information. A form, prescribed by the commissioner, shall be presented to the child for response, which shall clearly set forth the options of giving consent or withholding consent. In the event that the child exercises neither option, and the designated member of the staff of the educational facility has reason to believe that the child may not be able to understand the purpose of the form, OR IN THE EVENT THAT THE CHILD IS LESS THAN EIGHTEEN YEARS OF AGE, the committee on special education or the multidisciplinary team shall give the parent or guardian of the child the opportunity to consent in writing to the release of the relevant information. Nothing in this clause shall be construed to be a determination of the child's mental capacity.

(d) §A copy of such report shall also be submitted to the state education department at the same time that such report is submitted to the commissioner of mental health, commissioner of mental retardation and developmental disabilities or commissioner of social services or their designees.

(e)† When the committee or multidisciplinary team is notified by the commissioner who received the report that such state agency is not responsible for determining and recommending adult services for the child, the committee or multidisciplinary team shall forward the report to another commissioner; or, if the committee or multidisciplinary team determines that there exists a dispute as to which state agency has the responsibility for determining and recommending adult services, the committee or multidisciplinary team may forward the report to the council on children and families for a resolution of such dispute.

§(f)† (E) The committee and multidisciplinary team shall prepare and submit an annual report to the state education department on §October first, nineteen hundred eighty-four and thereafter on or before October first of each year. Such annual report shall contain the number of cases submitted to each commissioner pursuant to clause (b) OR (D) of this subparagraph, the type and severity of the handicapping condition involved with each such case, the number of notices received which deny responsibility for determining and recommending adult services, and other information necessary for the state education department and the council on children and families to monitor the need for adult services. Such annual report shall not contain individually identifying information. The state education department shall forward a copy of such annual report to the council on children and families. All information received by the council on children and families pursuant to this §clause† SUBPARAGRAPH shall be subject to the confidentiality requirements of the department.

(F) FOR PURPOSES OF THIS SUBPARAGRAPH, THE TERM "MULTIDISCIPLINARY TEAM" REFERS TO THE UNIT WHICH OPERATES IN LIEU OF A COMMITTEE ON SPECIAL EDUCATION WITH RESPECT TO CHILDREN IN STATE OPERATED SCHOOLS.

§ 2. Subparagraph six of paragraph b of subdivision one of section forty-four hundred two of such law is REPEALED.

§ 3. Paragraph a of subdivision ten of section forty-four hundred

three of such law, as amended by chapter four hundred sixty-two of the laws of nineteen hundred eighty-four, is amended to read as follows:

a. The commissioner shall determine whether a child, whose report is submitted to the department pursuant to clause (b) OR (D) of subparagraph five §or sixt of paragraph b of subdivision one of section forty-four hundred two of this article or subdivision thirteen of section three hundred ninety-eight of the social services law, will likely need adult services and, if such need will likely exist, develop a recommendation of all appropriate adult programs operated or approved by the department which may be available. If necessary and appropriate, the commissioner may conduct an evaluation of the child to determine if adult services will be needed. Such recommendation of all programs shall be made available to the parent or guardian of such child as soon as practicable but no later than six months before such child attains the age of twenty-one.

S 4. Paragraphs b, c, d, e and f of subdivision one of section forty-four hundred seven of such law are REPEALED.

S 5. Paragraph one of subdivision (a) of section 7.37 of the mental hygiene law, as amended by chapter four hundred sixty-two of the laws of nineteen hundred eighty-four, is amended to read as follows:

1. "report" means a report submitted to the office pursuant to subparagraph five §or sixt of paragraph b of subdivision one of section §four thousand fourt FORTY-FOUR hundred two of the education law or subdivision thirteen of section three hundred ninety-eight of the social services law.

S 6. Paragraph one of subdivision (a) of section 13.37 of such law, as amended by chapter four hundred sixty-two of the laws of nineteen hundred eighty-four, is amended to read as follows:

1. "report" means a report submitted to the office pursuant to subparagraph five §or sixt of paragraph b of subdivision one of section §four thousand fourt FORTY-FOUR hundred two of the education law or subdivision thirteen of section three hundred ninety-eight of the social services law.

S 7. This act shall take effect immediately.

The Legislature of the STATE OF NEW YORK SS: (JURAT PLACEHOLDER)

Pursuant to the authority vested in us by section 70-b of the Public Officers Law, we hereby jointly certify that this slip copy of this session law was printed under our direction, and, in accordance with such section is entitled to be read into evidence.

WARREN M. ANDERSON
TEMPORARY PRESIDENT OF THE SENATE

MELVIN H. MILLER
SPEAKER OF THE ASSEMBLY

OHIO

Policy: An emergency executive order was issued in 1984 that caused the adoption of rules for the cooperation between six state departments for coordinated service delivery to multi-need children. At about the same time, an interagency agreement was signed by each of these department directors. In July 1987 a bill (Ohio Revised Code 121.37) was passed that established the Interdepartmental Clusters for Services to Youth and local county clusters. A Third Party Cooperative Agreement has been in existence since 1982 between the Department of Mental Health and the Rehabilitation Services Commission.

Parties involved: The 1984 Interagency Agreement was signed by the directors of the Ohio Departments of Education, Human Services, Mental Health, Mental Retardation and Developmental Disabilities, Youth Services, and Health. The 1987 legislation requires that the Interdepartmental Cluster for services to youth be composed of the Superintendent of Public Instruction, the directors of Youth Services, Human Services, Mental Health, Health, and Mental Retardation and Developmental Disabilities or their designees. Further, each county is to convene a Local Cluster for Services to Youth with representation from local agencies affiliated with the departments at the state level.

Purpose: The purpose of the 1987 legislation is to provide a forum at the state level for identifying issues and making recommendations regarding the provision of services to multi-need children and advise the governor and local governments on the effective coordination of services.

The purpose of the Third Party Cooperative Agreement between Mental Health and Rehabilitation Services (1982) is to provide training and jobs for individuals with severe mental disabilities. The cooperative program agreement includes the transfer of \$700,000 from Mental Health to Rehabilitation Services which is, in turn, used as a match for federal funds. This results in a program budget of \$3.5 million which is used to serve about 4,000 individuals. In 1987, money was included for two pilot programs (\$200,000) for training young adults with mental disabilities ages sixteen to twenty-one.

Process: The Local Cluster for Services to Youth refers children to the State Cluster when local services are inadequate or non-existent, and makes periodic reports to the State Cluster about the number of children being served locally. The State Cluster works collaboratively with the local cluster for appropriate case resolution by providing funding, resources, referrals and recommendations.

Relevance to children with emotional disabilities: The 1987 legislation provides for the coordination of services to any child with multiple needs. The inclusion of Mental Health at both state and local levels makes this an important mechanism for coordinating services for children with serious emotional disabilities. Mention is made of including adult services when appropriate so that the process could be used to plan for transition. The cooperative program agreement between Mental Health and

Rehabilitation Services is aimed at providing training and jobs to persons with mental disabilities of all ages. The operating procedure that accompanies the 1987 agreement specifically includes children and offers a definition of children with severe mental disabilities. No age limit is offered for children; however, two pilot projects are earmarked for young adults ages sixteen to twenty-two who are in need of "transitional programming."

Contact Person: Susan Ignelzi, Director
Child and Adolescent Service System Program (CASSP)
Ohio Department of Mental Health
30 East Broad Street, Suite 2475
Columbus, Ohio 43215

(614) 466-1984

STATE OF OHIO
Executive Department

OFFICE OF THE GOVERNOR

Columbus

EXECUTIVE ORDER 84 - 12

WHEREAS, Section 119.03 of the Revised Code authorizes the Governor to determine that an emergency exists which necessitates the immediate adoption, amendment, or rescission of agency rules; and,

WHEREAS, the Ohio Departments of Mental Retardation and Developmental Disabilities, Youth Services, Health and Education have requested that I determine that an emergency exists requiring the immediate adoption of rules of the Ohio Administrative Code, which rules are numbered 5123:2-1-10, 5139-29-01, 3701-65-01, and 3301-51-29 in order to put into immediate effect rules for COOPERATION WITH OTHER ORGANIZATIONS FOR SERVICE DELIVERY TO MULTI-NEED CHILDREN pursuant to Sections 5126.08, 5139.01, 5139.04, 5139.08, 3701.03, and 3301.07, 3323.03-3323.05 of the Ohio Revised Code; and

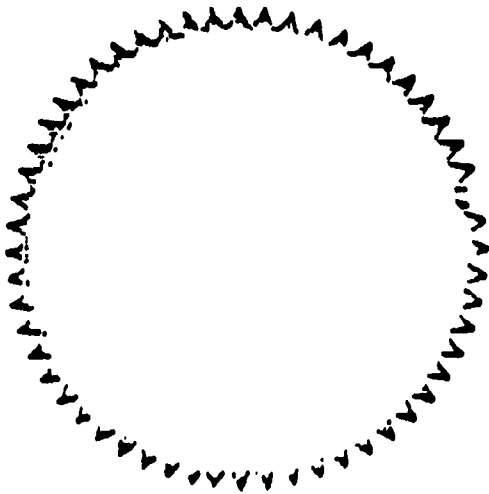
WHEREAS, an emergency exists in that we need to execute our authority to assure that services to children are delivered in a timely and coordinated manner.

NOW, THEREFORE, I, RICHARD F. CELESTE, Governor of the State of Ohio, under the authority of Section 119.03 of the Revised Code, do hereby determine that an emergency exists requiring the immediate adoption by the following Ohio Departments of the indicated rule: Mental Retardation and Developmental Disabilities, rule 5123:2-1-10; Youth Services, rule 5139-29-01; Health, rule 3701-65-01; and Education, rule 3301-51-29 of the Ohio Administrative Code. I hereby order that the procedure prescribed by Section 119.03 of the Revised Code with respect to the adoption of such specified rules be suspended

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Legislative Service Commission
BY *36*
MAR 01 1984

to permit the Ohio Departments of Mental Retardation and Developmental Disabilities, Youth Services, Health, and Education to adopt said rules, marked "Exhibits A, B, C, D" and incorporated herein by reference, immediately as an emergency. Further, I hereby order that a copy of this Executive Order be filed forthwith with both the Secretary of State and the Legislative Service Commission.



IN WITNESS WHEREOF, I have hereunto subscribed my name and caused the Great Seal of the State of Ohio to be affixed at Columbus, this 29th day of February, in the year of our Lord, one thousand, nine hundred eighty-four.

Richard F. Celeste

 RICHARD F. CELESTE
 Governor

ATTEST:
Sheldon Brown

 SECRETARY OF STATE

Filed in the Office of the Secretary of State at Columbus, Ohio

on *March 1, 1984* ^{AM}
PA 11:40
 SHELDON BROWN
 SECRETARY OF STATE
 For *James L. ...*

FILED
 Legislative Service Commission
 BY *[Signature]*

MAR 01 1984

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168

State of Ohio

Interagency Agreement

WHEREAS, the State of Ohio is committed to providing a continuum of quality services for children and families as close to the home environment as possible; and

WHEREAS, in a few cases, children with severe and multiple problems may not be appropriately served in a timely manner because services may be needed from more than one local or state agency, and the child may not clearly meet the definition for services from any one agency; and

WHEREAS, the resultant delay in securing and delivering appropriate services is a concern of the state departments serving children;

NOW THEREFORE, the Ohio Superintendent of Public Instruction, the Director of the Ohio Department of Public Welfare, the Director of the Ohio Department of Mental Health, the Director of the Ohio Department of Mental Retardation and Developmental Disabilities, the Director of the Ohio Department of Youth Services, and the Director of the Ohio Department of Health agree as follows:

INTERDEPARTMENTAL CLUSTER FOR SERVICES TO YOUTH

The six state departments involved in the delivery of services to/for children and adolescents shall form an Interdepartmental Cluster for Services to Youth (hereinafter, Interdepartmental Cluster). Each of the Directors shall designate a person with authority to act on his/her behalf to comprise the Interdepartmental Cluster.

The Interdepartmental Cluster shall:

1. Review specific individual cases referred by local affiliates or by the Directors.
2. Identify an agency to provide case management.
3. Develop individual program service plans in coordination with local affiliates.
4. Provide on-going monitoring for each case brought to the Interdepartmental Cluster for consideration.

CHILDREN TO BE SERVED

Children and adolescents to receive services through the Interdepartmental Cluster must meet the following criteria:

1. Resident of Ohio.
2. Birth to twenty-one (21) years of age.
3. Documentation that various local/county agencies have acknowledged the need for a certain type of service and have taken action to provide that level of care.
4. Documentation that various local/county agencies have jointly met to develop a plan to meet the needs of the child or adolescent.

5. Documentation that various local/county agencies (Children's Service Boards, Department of Public Welfare, Local School Districts, County Mental Health Boards, County Mental Retardation/Developmental Disabilities Boards, County and/or City Health Boards, Department of Youth Services Regional Offices) have jointly attempted to develop programs and funding to meet the child's need, and that existing or alternative programs and funding have been exhausted or are insufficient or inappropriate in view of the distinctive nature of the child's situation.

PROCEDURES

Referral - Children and adolescents may be referred to the Interdepartmental Cluster by a local/county affiliate or Board or by one of the parties to this agreement after all attempts to resolve problems at the local level have failed and the youth meets the criteria stated above.

Evaluation - A comprehensive evaluation completed within 90 days prior to the referral must accompany the referral. The evaluation should include: Medical, psychological, psychiatric, educational, and social assessments.

Review and Program Service Plan - The Interdepartmental Cluster shall:

1. Review the referral to determine if all the criteria listed above have been met; and identify all the service needs of the child or adolescent. Services needs may include but are not limited to: residential, mental health, habilitation, health, education, and probation/parole services. The Interdepartmental Cluster may request an independent comprehensive evaluation. By agreement of the Cluster, cost of the evaluation may be shared by its members.
2. Refer the child back to one or more local affiliates or Boards along with directions about how, where, and by whom services should be provided and funded; and/or
3. Develop an individual Program Service Plan (subject to all applicable due process rights of parents and children) based on the assessed needs of the child or adolescent, which will determine how each of the identified needs will be met; and
4. Determine which department will assume responsibility for coordination of services and monitoring of the child or adolescent's progress. This coordination of services may be delegated to a local affiliate, but the state department will monitor and report regularly to the Interdepartmental Cluster on the progress of the child or adolescent.

Funding

Where an individual Program Service Plan is developed by the Interdepartmental Cluster, funding and services provided will be based on the Plan. Each service system shall be responsible for providing services and/or funding, based on the needs identified in the Plan, according to appropriate agency responsibility identified and agreed upon by the Interdepartmental Cluster. Each state department may work out arrangements with its local affiliates for funding its portion of the Program Service Plan.

COOPERATION REQUIREMENTS FOR LOCAL AFFILIATES

The six state departments forming the Interdepartmental Cluster shall direct local/county affiliates or Boards to work cooperatively with other

local/county agencies regarding the coordination and funding of services for multi-need, multi-agency youth.

The following local/county agencies shall be directed to work cooperatively with other agencies in their respective service districts:

1. County Boards of Mental Retardation and Developmental Disabilities.
2. County Mental Health Boards.
3. Boards of Education
4. Children Service Boards, or County Welfare Departments.
5. County/City Health Boards.
6. Department of Youth Services Regional Offices (Coordinate Juvenile Court Involvement)

EFFECTIVE DATES OF AGREEMENT

This Agreement shall be in effect from the date of the last signature below. Prior to August 31, 1984 the parties agree to evaluate whether this Agreement should be ended, modified or reinstated, and to take such action as is necessary based on that evaluation.

The parties do hereby agree.

2/24/84
Date

Franklin B. Walter
Franklin B. Walter, Superintendent
of Public Instruction
Ohio Department of Education

2/27/84
Date

John Cuddy
John Cuddy, Director
Ohio Department of Public Welfare

2/25/84
Date

Pamela S. Hyde
Pamela S. Hyde, Director
Ohio Department of Mental Health

2-27-84
Date

Minnie F. Johnson
Minnie F. Johnson, Director
Ohio Department of Mental Retardation
and Developmental Disabilities

2/27/84
Date

James Rogers
James Rogers, Director
Ohio Department of Youth Services

2-28-84
Date

David Jackson
David Jackson, Director
Ohio Department of Health

The section numbering of law of a general and permanent nature is complete and in conformity with the Revised Code.

Fred D. Puckett

Chief of Code Division
~~Director~~, Legislative Service Commission.

Filed in the office of the Secretary of State at Columbus, Ohio, on the
21 day of July, A. D. 1987

Stewart Brown

Secretary of State.

File No. 60

Effective Date October 20, 1987



AN ACT

To enact section 121.37 of the Revised Code to create the Interdepartmental Cluster for Services to Youth and to require each county to establish a local cluster for services to youth.

Be it enacted by the General Assembly of the State of Ohio:

SECTION 1. That section 121.37 of the Revised Code be enacted to read as follows:

Sec. 121.37. (A) THERE IS HEREBY CREATED A BOARD WHICH SHALL BE KNOWN AS THE INTERDEPARTMENTAL CLUSTER FOR SERVICES TO YOUTH. THE INTERDEPARTMENTAL CLUSTER SHALL BE COMPOSED OF THE SUPERINTENDENT OF PUBLIC INSTRUCTION AND THE DIRECTORS OF YOUTH SERVICES, HUMAN SERVICES, MENTAL HEALTH, HEALTH, AND MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES, OR THEIR DESIGNEES. THE CHAIRMAN OF THE CLUSTER SHALL BE DESIGNATED BY THE GOVERNOR AND SHALL ESTABLISH PROCEDURES FOR THE CLUSTER'S INTERNAL CONTROL AND MANAGEMENT.

(B) THE INTERDEPARTMENTAL CLUSTER FOR SERVICES TO YOUTH SHALL:

(1) CONSIDER ISSUES AND MAKE RECOMMENDATIONS REGARDING THE PROVISION OF SERVICES FOR MULTINEED CHILDREN;

(2) ADVISE LOCAL GOVERNMENTS ON THE EFFECTIVE COORDINATION OF SERVICE DELIVERY TO MULTINEED CHILDREN;

(3) REVIEW SERVICE AND TREATMENT PLANS FOR CHILDREN FOR WHICH SUCH REVIEWS ARE REQUESTED, AND PROVIDE SUCH ADVICE AND ASSISTANCE AS THE CLUSTER DETERMINES TO BE NECESSARY TO MEET THE NEEDS OF MULTINEED CHILDREN REFERRED BY LOCAL CLUSTERS;

(4) ASSESS THE EFFECTIVENESS OF LOCAL GOVERNMENT ORGANIZATIONS IN MEETING THE SERVICE NEEDS OF MULTINEED CHILDREN;

(5) ADVISE THE GOVERNOR AND THE GENERAL ASSEMBLY REGARDING SERVICE DELIVERY TO MULTINEED CHILDREN;

(6) HOLD MEETINGS AT SUCH TIMES AND PLACES AS MAY BE PRESCRIBED BY THE CLUSTER'S PROCEDURES AND MAINTAIN RECORDS OF THE MEETINGS, EXCEPT THAT RECORDS WHICH IDENTIFY INDIVIDUAL CHILDREN ARE CONFIDENTIAL AND SHALL ONLY BE DISCLOSED AS PROVIDED BY LAW;

(7) ADOPT RULES FOR COORDINATING SERVICES TO MULTINEED CHILDREN BY AGENCIES REPRESENTED IN THE CLUSTER;

(8) DEVELOP SERVICE PROGRAMS TO MEET NEEDS OF MULTINEED CHILDREN.

(C) WITHIN SIX MONTHS AFTER THE EFFECTIVE DATE OF THIS SECTION, EACH COUNTY SHALL ESTABLISH A BOARD WHICH SHALL SERVE AS THE LOCAL CLUSTER FOR SERVICES TO YOUTH. THE LOCAL CLUSTER SHALL BE COMPOSED OF THE DIRECTOR OR THE EXECUTIVE SECRETARY OF THE COUNTY AGENCY RESPONSIBLE FOR THE ADMINISTRATION OF CHILDREN SERVICES UNDER SECTION 5153.15 OF THE REVISED CODE, A REPRESENTATIVE OF THE REGIONAL OFFICE OF THE DEPARTMENT OF YOUTH SERVICES, THE SUPERINTENDENT OF THE COUNTY BOARD OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES, THE DIRECTOR OF THE COMMUNITY MENTAL HEALTH BOARD, AND THE HEALTH COMMISSIONER OF THE BOARD OF HEALTH OF EACH CITY OR GENERAL HEALTH DISTRICT IN THE COUNTY, OR THEIR DESIGNEES. THE SUPERINTENDENTS OF ALL SCHOOL DISTRICTS WITH TERRITORY IN THE COUNTY SHALL MEET AND DESIGNATE ONE OF THEIR NUMBER TO REPRESENT THEM AS A MEMBER OF THE LOCAL CLUSTER.

A LOCAL CLUSTER MAY INVITE ANY OTHER LOCAL PUBLIC OR PRIVATE AGENCY OR GROUP THAT PROVIDES SERVICES TO MULTINEED CHILDREN TO HAVE A REPRESENTATIVE BECOME A PERMANENT OR TEMPORARY MEMBER OF THE CLUSTER.

(D) THE LOCAL CLUSTER FOR SERVICES TO YOUTH SHALL DO BOTH OF THE FOLLOWING:

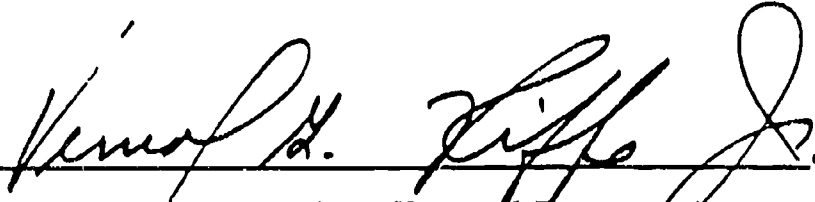
(1) REFER TO THE STATE CLUSTER THOSE CHILDREN FOR WHOM THE LOCAL CLUSTER CANNOT PROVIDE ADEQUATE SERVICES;


(2) MAKE PERIODIC REPORTS TO THE STATE CLUSTER REGARDING THE NUMBER OF CHILDREN REFERRED TO THE LOCAL CLUSTER AND THE PROGRESS MADE IN MEETING THE NEEDS OF EACH CHILD.

(E) THE LOCAL CLUSTER SHALL COMPLY WITH THE POLICIES, PROCEDURES, AND ACTIVITIES PRESCRIBED BY THE RULES OF A STATE DEPARTMENT PARTICIPATING IN THE

Sub. H. B. No. 304

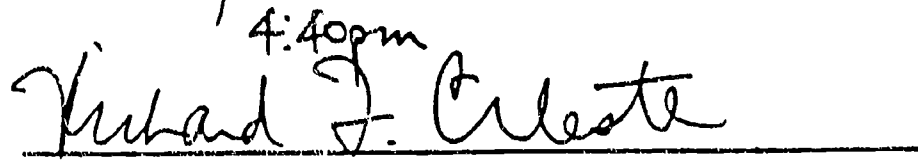
INTERDEPARTMENTAL CLUSTER TO THE EXTENT THAT THE
LOCAL CLUSTER PERFORMS A FUNCTION SUBJECT TO THOSE
RULES.


Speaker _____ of the House of Representatives.


President _____ of the Senate.

Passed June 21, 1987

Approved July 20, 1987

4:40pm

Governor.

5101:2-42-12 Cooperation with other organizations for service delivery to multi-need children. 1994 MAY 29 AM 11:48

(A) As used in this rule:

- (1) "County agency" means a county children's services board or a county welfare department which has assumed the administration of child welfare.
- (2) "Cluster" means the interdepartment cluster for services to youth created by the interdepartmental agreement dated February 29, 1984.
- (3) "Child" means a resident of Ohio who is not more than twenty-one years of age.

(B) Each county agency shall work cooperatively with county boards of mental retardation and developmental disabilities, local mental health boards, local and county boards of education, county and city health departments and department of youth services regional offices to assure that services to children are delivered in a timely and coordinated manner.

(C) Each county agency shall bring to the attention of the appropriate organization, referenced in paragraph (B) of this rule, the case of any child who is a client of the county agency, for whom the county agency has assessed there to be a service need which the county agency cannot meet OR WHICH IS NOT BEING ADEQUATELY ADDRESSED, but which could possibly be met by one of the other organizations. Upon referral of the child's case to the appropriate organization, the county agency shall, WITHIN NINETY DAYS, develop and implement a joint service plan with the other organization, and shall pay all expenses associated with the plan in the proportion prescribed by the plan. In cases where the service plan involves a child who is in the custody of a children's services board, a county welfare department which has assumed the administration of child welfare or a department of youth services regional office, the organization that has custody shall also assume the primary responsibility for providing case management services unless the agreed upon plan specifies otherwise. In all other cases, the primary responsibility for providing case management services shall be determined in the service plan.

(D) At the request of an organization referenced in paragraph (B) of this rule, each county agency shall assess each child who is not currently its client or in the county agency's custody to determine whether services are needed and can be provided by the county agency.

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Legislative Service Commission
BY: [Signature] 11:55 a

- (E) IN THOSE INSTANCES WHERE A SCHOOL DISTRICT IS UNABLE TO SECURE THE COOPERATION OF AN ORGANIZATION REFERENCED IN PARAGRAPH (B) OF THIS RULE, OR IN THOSE INSTANCES WHERE THE NEEDS OF A CHILD CANNOT BE MET BECAUSE EXISTING OR ALTERNATIVE PROGRAMS AND FUNDING HAVE BEEN EXHAUSTED OR ARE INSUFFICIENT OR INAPPROPRIATE IN VIEW OF THE DISTINCTIVE NATURE OF THE CHILD'S SITUATION, THE SCHOOL DISTRICT SHALL WITHIN NINETY DAYS OF REFERRAL TO ANOTHER APPROPRIATE ORGANIZATION UNDER PARAGRAPH (C) OF THIS RULE, REFER THE CASE TO THE CLUSTER FOR RESOLUTION. PRIOR TO MAKING ANY REFERRAL TO THE CLUSTER, THE SCHOOL DISTRICT MUST HAVE FIRST CONVENED A CASE COORDINATION CONFERENCE INVITING PARTICIPATION FROM THE APPROPRIATE AGENCIES INCLUDED IN PARAGRAPH (B) OF THIS RULE. UPON REFERRING A CASE TO THE CLUSTER, THE SCHOOL DISTRICT MUST NOTIFY AND PROVIDE THE MAILING ADDRESS OF THE CLUSTER TO THE PARENT, GUARDIAN AND ANY PROVIDERS OF SERVICE TO OR ON BEHALF OF THE CHILD OF SUCH A REFERRAL, INDICATING THAT THESE PARTIES MAY FORWARD WRITTEN COMMENTS AND SUGGESTIONS TO THE CLUSTER.
- (F) ALL CASES REFERRED TO THE CLUSTER SHALL CONTAIN THE FOLLOWING:
- (1) DOCUMENTATION THAT THE VARIOUS ORGANIZATIONS REFERENCED IN PARAGRAPH (B) OF THIS RULE HAVE ACKNOWLEDGED OR FAILED TO ACKNOWLEDGE THE NEED FOR A CERTAIN TYPE OF SERVICE.
 - (2) DOCUMENTATION THAT THE VARIOUS ORGANIZATIONS REFERENCED IN PARAGRAPH (B) OF THIS RULE HAVE JOINTLY MET OR REFUSED TO MEET TO DEVELOP A JOINT SERVICE PLAN TO MEET THE NEEDS OF THE CHILD.
 - (3) DOCUMENTATION THAT CURRENT FUNDING IS INADEQUATE OR NOT AVAILABLE TO MEET THE NEEDS OF THE CHILD.
 - (4) A DETAILED WRITTEN SUMMARY OF THE CHILD'S CIRCUMSTANCES INCLUDING A COMPREHENSIVE EVALUATION AND CASE HISTORY TO DATE.
 - (5) ALL PERTINENT MEDICAL RECORDS AVAILABLE TO THE SCHOOL DISTRICT.
 - (6) A DETAILED WRITTEN SUMMARY OF THE SCHOOL DISTRICT'S CURRENT SERVICE PLAN FOR THE CHILD INCLUDING A STATEMENT OUTLINING THE SERVICES ALREADY BEING PROVIDED BY THE SCHOOL DISTRICT AND/OR WHICH THE SCHOOL DISTRICT PLANS TO PROVIDE.
 - (7) A WRITTEN ASSESSMENT OF SERVICES STILL NEEDED BY THE CHILD.
 - (8) A WRITTEN ASSESSMENT WHICH DEMONSTRATES WHY THE REMAINING SERVICE NEEDS CANNOT BE MET BY THE SCHOOL DISTRICT.
 - (9) A STATEMENT LISTING ALL PARTIES NOTIFIED UNDER PARAGRAPH (E) OF THIS RULE OF THE REFERRAL TO THE CLUSTER, TOGETHER WITH THEIR ADDRESSES AND DATE OF NOTIFICATION.

- (6) When a child who is the subject of a joint service plan arranged according to paragraph (C) of this rule, or established by the cluster, is determined to be no longer in need of services by a county agency, the county agency shall provide the cluster, or the other parties to the joint service plan, with written notification of that determination, including the reasons for the determination, at least thirty days prior to the termination of services.

Promulgated under R.C. Chapter 119.
Statutory authority R.C. § 5126.08
Prior effective date: 3/1/84 (Emergency filing)
Effective: May 31, 1984

(Signed by the director and filed 5/21/84).

State of Ohio

Department of Mental Health

5122:2-1-10. COOPERATION WITH OTHER ORGANIZATIONS FOR SERVICE DELIVERY TO MULTI-NEED CHILDREN.

(A) AS USED IN THIS RULE:

- (1) "COUNTY AGENCY" MEANS A LOCAL MENTAL HEALTH BOARD.
- (2) "CLUSTER" MEANS THE INTERDEPARTMENT CLUSTER FOR SERVICES TO YOUTH CREATED BY THE INTERDEPARTMENTAL AGREEMENT DATED FEBRUARY 29, 1984.
- (3) "CHILD" MEANS A RESIDENT OF OHIO WHO IS NOT MORE THAN TWENTY-ONE YEARS OF AGE.

(B) EACH COUNTY AGENCY SHALL WORK COOPERATIVELY WITH COUNTY BOARDS OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES, COUNTY CHILDREN'S SERVICES BOARDS OR COUNTY WELFARE DEPARTMENTS WHICH HAVE ASSUMED THE ADMINISTRATION OF CHILD WELFARE, LOCAL AND COUNTY BOARDS OF EDUCATION, COUNTY AND CITY HEALTH DEPARTMENTS AND DEPARTMENT OF YOUTH SERVICES REGIONAL OFFICES TO ASSURE THAT SERVICES TO CHILDREN ARE DELIVERED IN A TIMELY AND COORDINATED MANNER.

(C) EACH COUNTY AGENCY THROUGH THE CONTRACT AGENCIES SHALL BRING TO THE ATTENTION OF THE APPROPRIATE ORGANIZATION REFERENCED IN PARAGRAPH (B) OF THIS RULE, THE CASE OF ANY CHILD WHO IS A CLIENT OF THE COUNTY AGENCY, FOR WHOM THE COUNTY AGENCY HAS ASSESSED THERE TO BE A SERVICE NEED WHICH THE COUNTY AGENCY THROUGH THE CONTRACT AGENCIES CANNOT MEET OR WHICH IS NOT BEING ADEQUATELY ADDRESSED, BUT WHICH COULD BE MET BY ONE OF THE OTHER ORGANIZATIONS. UPON REFERRAL OF THE CHILD'S CASE TO THE APPROPRIATE ORGANIZATION, THE COUNTY AGENCY SHALL, WITHIN NINETY DAYS, DEVELOP AND IMPLEMENT A JOINT SERVICE PLAN WITH THE OTHER ORGANIZATION, AND SHALL PAY ALL EXPENSES ASSOCIATED WITH THE PLAN IN THE PROPORTION PRESCRIBED BY THE PLAN. IN CASES WHERE THE SERVICE PLAN INVOLVES A CHILD WHO IS IN THE CUSTODY OF A CHILDREN'S SERVICES BOARD, A COUNTY WELFARE DEPARTMENT WHICH HAS ASSUMED THE ADMINISTRATION OF CHILD WELFARE OR A DEPARTMENT OF YOUTH SERVICES REGIONAL OFFICE, THE ORGANIZATION THAT HAS CUSTODY SHALL ALSO ASSUME THE PRIMARY RESPONSIBILITY

- (D) AT THE REQUEST OF AN ORGANIZATION REFERENCED IN PARAGRAPH (B) OF THIS RULE, EACH COUNTY AGENCY SHALL ^{4/11/84} ~~ASSESS EACH~~ ³⁻³³ CHILD WHO IS NOT CURRENTLY ITS CLIENT TO DETERMINE WHETHER SERVICES ARE NEEDED AND CAN BE PROVIDED BY THE COUNTY AGENCY.
- (E) IN THOSE INSTANCES WHERE A COUNTY AGENCY IS UNABLE TO SECURE THE COOPERATION OF AN ORGANIZATION REFERENCED IN PARAGRAPH (B) OF THIS RULE, OR IN THOSE INSTANCES WHERE THE NEEDS OF A CHILD CANNOT BE MET BECAUSE EXISTING OR ALTERNATIVE PROGRAMS AND FUNDING HAVE BEEN EXHAUSTED OR ARE INSUFFICIENT OR INAPPROPRIATE IN VIEW OF THE DISTINCTIVE NATURE OF THE CHILD'S SITUATION, THE COUNTY AGENCY SHALL WITHIN NINETY DAYS OF REFERRAL UNDER PARAGRAPH (C) OF THIS RULE REFER THE CASE TO THE CLUSTER FOR RESOLUTION. PRIOR TO MAKING ANY REFERRAL TO THE CLUSTER, THE AGENCY MUST HAVE FIRST CONVENED A CASE COORDINATION CONFERENCE INVITING PARTICIPATION FROM THE APPROPRIATE AGENCIES INCLUDED IN PARAGRAPH (B) OF THIS RULE. UPON REFERRING A CASE TO THE CLUSTER, THE AGENCY MUST NOTIFY AND PROVIDE THE MAILING ADDRESS OF THE CLUSTER TO THE PARENT, GUARDIAN AND ANY PROVIDERS OF SERVICE TO OR ON BEHALF OF THE CHILD OF SUCH REFERRAL INDICATING THAT THESE PARTIES MAY FORWARD WRITTEN COMMENTS AND SUGGESTIONS TO THE CLUSTER.
- (F) ALL CASES REFERRED TO THE CLUSTER SHALL CONTAIN THE FOLLOWING:
- (1) DOCUMENTATION THAT THE VARIOUS ORGANIZATIONS REFERENCED IN PARAGRAPH (B) OF THIS RULE HAVE ACKNOWLEDGED OR FAILED TO ACKNOWLEDGE THE NEED FOR A CERTAIN TYPE OF SERVICE.
 - (2) DOCUMENTATION THAT THE VARIOUS ORGANIZATIONS REFERENCED IN PARAGRAPH (B) OF THIS RULE HAVE JOINTLY MET OR REFUSED TO MEET TO DEVELOP A JOINT SERVICE PLAN TO MEET THE NEEDS OF THE CHILD.
 - (3) DOCUMENTATION THAT CURRENT FUNDING IS INADEQUATE OR NOT AVAILABLE TO MEET THE NEEDS OF THE CHILD.
 - (4) A DETAILED WRITTEN SUMMARY OF THE CHILD'S CIRCUMSTANCES AND CASE HISTORY TO DATE, INCLUDING A COMPREHENSIVE EVALUATION.
 - (5) ALL PERTINENT MEDICAL RECORDS AVAILABLE TO THE COUNTY AGENCY.

- (4) A DETAILED WRITTEN SUMMARY OF THE CHILD'S CIRCUMSTANCES INCLUDING A COMPREHENSIVE EVALUATION AND CASE HISTORY TO DATE.
 - (5) ALL PERTINENT MEDICAL RECORDS AVAILABLE TO THE COUNTY AGENCY.
 - (6) A DETAILED WRITTEN SUMMARY OF THE COUNTY AGENCY'S CURRENT SERVICE PLAN FOR THE CHILD INCLUDING A STATEMENT OUTLINING THE SERVICES ALREADY BEING PROVIDED BY THE COUNTY AGENCY AND/OR WHICH THE COUNTY AGENCY PLANS TO PROVIDE.
 - (7) A WRITTEN ASSESSMENT OF SERVICES STILL NEEDED BY THE CHILD.
 - (8) A WRITTEN ASSESSMENT WHICH DEMONSTRATES WHY THE REMAINING SERVICE NEEDS CANNOT BE MET BY THE COUNTY AGENCY.
 - (9) A STATEMENT LISTING ALL PARTIES NOTIFIED UNDER PARAGRAPH (E) OF THIS RULE OF THE REFERRAL TO THE CLUSTER, TO INCLUDE THEIR ADDRESSES, PHONE NUMBERS AND DATES OF NOTIFICATION.
- (G) WHEN A CHILD WHO IS THE SUBJECT OF A JOINT SERVICE PLAN ARRANGED ACCORDING TO PARAGRAPH (C) OF THIS RULE, OR ESTABLISHED BY THE CLUSTER, IS DETERMINED TO BE NO LONGER IN NEED OF SERVICES BY A COUNTY AGENCY, THE COUNTY AGENCY THROUGH THE CONTRACT AGENCIES SHALL PROVIDE THE CLUSTER, OR THE OTHER PARTIES TO THE JOINT SERVICE PLAN, WITH WRITTEN NOTIFICATION OF THAT DETERMINATION, INCLUDING THE REASONS FOR THE DETERMINATION, AT LEAST THIRTY DAYS PRIOR TO THE TERMINATION OF SERVICES.

EFFECTIVE: 9/20/84

PAMELA S. HYDE
DIRECTOR

PROMULGATED UNDER R.C. CHAPTER 119
STATUTORY AUTHORITY R.C. § 5119.61

Department of Mental Retardation and Developmental Disabilities

5123:2-1-10 Cooperation with other organizations for service delivery to multi-need children.

(A) As used in this rule:

- (1) "County agency" means a county board of mental retardation and developmental disabilities established under Chapter 5126. of the Revised Code.
- (2) "Cluster" means the interdepartment cluster for services to youth created by the interdepartmental agreement dated February 29, 1984.
- (3) "Child" means a resident of Ohio who is not more than twenty-one years of age.

(B) Each county agency shall work cooperatively with county children's services boards or county welfare departments which have assumed the administration of child welfare, local mental health boards, local and county boards of education, county and city health departments and department of youth services regional offices to assure that services to children are delivered in a timely and coordinated manner.

(C) Each county agency shall bring to the attention of the appropriate organization referenced in paragraph (B) of this rule, the case of any child who is a client of the county agency, for whom the county agency has assessed there to be a service need which the county agency cannot meet or which is not being adequately addressed, but which could be met by one of the other organizations. Upon referral of the child's case to the appropriate organization, the county agency shall, within ninety days, develop and implement a joint service plan with the other organization, and shall further pay all expenses associated with the plan in the proportion prescribed by the plan. In cases where the service plan involves a child who is in the custody of a children's services board, a county welfare department which has assumed the administration of child welfare or a department of youth services regional office, the organization that has custody shall also assume the primary responsibility for providing case management services unless the agreed-upon plan specifies otherwise. In all other cases, the primary responsibility for providing case management services shall be determined in the service plan.

(D) At the request of an organization referenced in paragraph (B) of this rule, each county agency shall assess each child who is not currently its client to determine whether services are needed and can be provided by the county agency.

(E) In those instances where a county agency is unable to secure the cooperation of an organization referenced in paragraph (B) of

EXHAUSTED OR ARE INSUFFICIENT OR INAPPROPRIATE IN VIEW OF THE DISTINCTIVE NATURE OF THE CHILD'S SITUATION, THE COUNTY AGENCY SHALL, WITHIN NINETY DAYS OF REFERRAL UNDER PARAGRAPH (C) OF THIS RULE, REFER THE CASE TO THE CLUSTER FOR RESOLUTION. PRIOR TO MAKING ANY REFERRAL TO THE CLUSTER, THE AGENCY MUST HAVE FIRST CONVENED A CASE COORDINATION CONFERENCE INVITING PARTICIPATION FROM THE APPROPRIATE AGENCIES INCLUDED IN PARAGRAPH (B) OF THIS RULE. UPON REFERRING A CASE TO THE CLUSTER, THE AGENCY MUST NOTIFY AND PROVIDE THE MAILING ADDRESS OF THE CLUSTER TO THE PARENT, GUARDIAN, AND ANY PROVIDERS OF SERVICE TO OR ON BEHALF OF THE CHILD OF SUCH REFERRAL, INDICATING THAT THESE PARTIES MAY FORWARD WRITTEN COMMENTS AND SUGGESTIONS TO THE CLUSTER.

(F) ALL CASES REFERRED TO THE CLUSTER SHALL CONTAIN THE FOLLOWING:

- (1) DOCUMENTATION THAT THE VARIOUS ORGANIZATIONS REFERENCED IN PARAGRAPH (B) OF THIS RULE HAVE ACKNOWLEDGED OR FAILED TO ACKNOWLEDGE THE NEED FOR A CERTAIN TYPE OF SERVICE.
- (2) DOCUMENTATION THAT THE VARIOUS ORGANIZATIONS REFERENCED IN PARAGRAPH (B) OF THIS RULE HAVE JOINTLY MET OR REFUSED TO MEET TO DEVELOP A JOINT SERVICE PLAN TO MEET THE NEEDS OF THE CHILD.
- (3) DOCUMENTATION THAT CURRENT FUNDING IS INADEQUATE OR NOT AVAILABLE TO MEET THE NEEDS OF THE CHILD.
- (4) A DETAILED WRITTEN SUMMARY OF THE CHILD'S CIRCUMSTANCES INCLUDING A COMPREHENSIVE EVALUATION AND CASE HISTORY TO DATE.
- (5) ALL PERTINENT MEDICAL RECORDS AVAILABLE TO THE COUNTY AGENCY.
- (6) A DETAILED WRITTEN SUMMARY OF THE COUNTY AGENCY'S CURRENT SERVICE PLAN FOR THE CHILD INCLUDING A STATEMENT OUTLINING THE SERVICES ALREADY BEING PROVIDED BY THE COUNTY AGENCY AND/OR WHICH THE COUNTY AGENCY PLANS TO PROVIDE.
- (7) A WRITTEN ASSESSMENT OF SERVICES STILL NEEDED BY THE CHILD.
- (8) A WRITTEN ASSESSMENT WHICH DEMONSTRATES WHY THE REMAINING SERVICE NEEDS CANNOT BE MET BY THE COUNTY AGENCY.
- (9) A STATEMENT LISTING ALL PARTIES NOTIFIED UNDER PARAGRAPH (E) OF THIS RULE OF THE REFERRAL TO THE CLUSTER, TO INCLUDE THEIR ADDRESSES, TELEPHONE NUMBERS, AND DATES OF NOTIFICATION.

- (G) WHEN A CHILD WHO IS THE SUBJECT OF A JOINT SERVICE PLAN ARRANGED ACCORDING TO PARAGRAPH (C) OF THIS RULE, OR ESTABLISHED BY THE CLUSTER, IS DETERMINED TO BE NO LONGER IN NEED OF SERVICES BY A COUNTY AGENCY, THE COUNTY AGENCY SHALL PROVIDE THE CLUSTER, OR THE OTHER PARTIES TO THE JOINT SERVICE PLAN, WITH WRITTEN NOTIFICATION OF THAT DETERMINATION, INCLUDING THE REASONS FOR THE DETERMINATION, AT LEAST THIRTY DAYS PRIOR TO THE TERMINATION OF SERVICES.

RECEIVED
LEGISLATIVE SERVICE COMMISSION
STATE OF MICHIGAN
MAY 29 1984

SECRETARY
OF STATE

THIS
(9) A STATEMENT LISTING ALL PARTIES NOTIFIED ~~BY~~ ^{PARAGRAPH (E)} OF THE RULE OF THE REFERRAL TO THE CLUSTER, TO INCLUDE THEIR ADDRESSES, TELEPHONE NUMBERS AND DATES OF NOTIFICATION.

(G) When a child who is the subject of a joint service plan arranged according to paragraph (C) of this rule, or established by the cluster, is determined to be no longer in need of services by a county agency, the county agency shall provide the cluster, or the other parties to the joint service plan, with written notification of that determination, including the reasons for the determination, at least fifteen THIRTY days prior to the termination of services.

Effective Date: 29 MAY 1984

Certification: *John Curly*

29 MAY 1984
Date

Promulgated Under Revised Code Section 111.15
Statutory Authority is Revised Code Sections 5101.02, 5103.03, 5153.10,
5153.16

Prior Effective Date 2-29-84 (Emer.)

FILED
Legislative Service Commission
BY *[Signature]*
MAY 29 1984

SOUTH CAROLINA

Policy: Through a proviso to the 1983-84 Appropriations Act, the State of South Carolina established the Continuum of Care for Emotionally Disturbed Children as a three year pilot project. Before the completion of the pilot project, the Education Improvement Act of 1984 allowed the Continuum to begin statewide expansion through establishment of a state administrative office and five regional operations. As a result of South Carolina Act 431 (1986), the Continuum was enacted into law.

Parties Involved: Statewide staff provide services to children with severe emotional disabilities throughout South Carolina. A ten member Policy Council is composed of: the Governor; the commissioners of Mental Health, Social Services, Mental Retardation, Youth Services; the state Superintendent of Education; chairman of two related legislative committees; a representative from a school district serving children with severe emotional disabilities; and a representative from a treatment program. An Advisory Council of individuals, appointed by the Governor and knowledgeable about emotional disabilities, advises the Policy Council.

Purpose: The mission of the Continuum of Care as established by law is to develop and enhance the delivery of services to children with severe emotional disabilities and to ensure that the special needs of this population are adequately met. The Continuum addresses the problems of children and youth who have traditionally "fallen through the cracks" in the state's service system, either because they were non-compliant and difficult to treat, or because they did not fit the guidelines and eligibility requirements of a given agency.

Process: The Continuum accepts applications statewide. Following a selection procedure to identify those children with the most severe disabilities and who have also exhausted the traditional service systems, an assessment of need is made and an interdisciplinary, multi-agency team convened to develop a service plan for each client. Ongoing case management and advocacy, provided by the Continuum, facilitates and monitors service coordination and delivery for clients. Tailor-made services are created to meet individual client needs. Needs assessments are conducted, planning is coordinated and system requirements are reported to the General Assembly in an effort to formulate state programs and policies related to serving this population through coordination, enhancement, development, and growth of services.

Individualized service plans are written for each client and reviewed by the treatment team at least every ninety days. Average cost of services per client has been approximately \$24,000 per year for the past four years. Services are provided until no longer needed, until the client reaches eighteen years of age if still in a special education placement, or until the client is twenty-one. Transitional planning addresses any movement within the continuum of services including: institutional to community-based services, academic to vocational programs, out-of-home to home-based services, and/or children to adult services.

Relevance to children with emotional disabilities: A full array of services is provided by a continuum of care. Although the South Carolina legislation does not specifically mention transition planning, it is an integral part of service planning and is addressed in the policies and service standards of the Continuum. Formal transition plans must be developed at least ninety days prior to case closure for those whose cases will be closed due to their age or lack of continued need for services.

Contact Person: Elizabeth V. Hopper, Executive Director
Continuum of Care for Emotionally Disturbed Children
1340 Pickens Street
Columbia, South Carolina 29201

(803) 255-6272

LEGISLATION ESTABLISHING THE CONTINUUM OF CARE

ACT 431

(R.476, H3568) Introduced by Ways and Means Committee: An act to establish the Continuum of Care for Emotionally Disturbed Children, to provide for a Governing body therefor to be known as the Policy Council, to provide for an Advisory Council for this Governing body, and to provide for the powers, duties, and functions of the Continuum of Care.

Be it enacted by the General Assembly of the State of South Carolina:

Purpose:

Section 1. It is the purpose of this act to develop and enhance the delivery of services to severely emotionally disturbed children and youth and to ensure that the special needs of this population are adequately met. To achieve this objective, the Continuum of Care for Emotionally Disturbed Children, hereafter referred to as the Continuum of Care is hereinafter established.

Continuum of Care for Emotionally Disturbed Children created

Section 2. There is created the Continuum of Care for Emotionally Disturbed Children with a governing board to be known as the Policy Council. The Policy Council consists of ten members as follows: the Governor or his designee, the Commissioner of the Department of Mental Health, the Commissioner of the Department of Social Services, the Commissioner of the Department of Mental Retardation, the Commissioner of the Department of Youth Services, the State Superintendent of Education or his designee, the Chairman of the Joint Legislative Committee on Mental Health and Mental Retardation, the Chairman of the Joint Legislative Committee on Children, a representative of a school district serving severely emotionally disturbed children appointed by the Governor; the President of the South Carolina School for the Deaf and Blind, the Superintendent of Wil Lou Gray Opportunity School, and the Superintendent of John de la Howe School shall select from among themselves on a rotating basis a representative to serve on the Policy Council for a three year term.

The representative appointed by the Governor shall serve for a term of three years and until his successor is appointed and qualifies with the term to expire on June thirtieth of the appropriate year.

The Policy Council shall elect from its members a chairman who will serve for a term of two years. Two-thirds membership of the Policy Council constitutes a quorum for the transaction of business.

The Policy Council shall meet at least six times annually and more frequently upon the call of the chairman to review and coordinate the activities of the Continuum of Care.

The Policy Council shall promulgate regulations and formulate all necessary policies, procedures, and rules of administration and operation to effectively carry out the objectives of this act.

Policy Council

Section 3. The Policy Council must be supported by an Advisory Council of not less than ten members to be appointed by the Governor. The Advisory Council must be representative of public and private individuals who are knowledgeable in services to emotionally disturbed children.

Terms of office for members of the Advisory Council are for three years and until their successors are appointed and qualify, except that of the initial appointments, the Governor must designate one-third of the members to serve initial terms of one year each, one-third to serve initial terms of two years each, and the remainder to serve for initial terms of three years each. The terms of all members of the Advisory Council expire on June thirtieth of the appropriate year. Any vacancy must be filled by the Governor for the remainder of the unexpired term.

The Advisory Council shall elect from its members a chairman who shall serve for a term of two years.

The Advisory Council shall meet at least quarterly or more frequently upon the call of the chairman. The Policy Council must meet at least quarterly with the Advisory Council.

Continuum to serve severely emotionally disturbed children

Section 4. The Continuum of Care shall serve children who, at the time of application for services have been diagnosed as severely emotionally disturbed and who have exhausted existing available treatment resources or services. Priority in the selection of clients must be based on criterion to be established by the Continuum of Care.

Duties and functions of Continuum

Section 5. The Continuum of Care shall perform the following duties and functions:

(a) identify needs and develop plans to address the needs of severely emotionally disturbed children and youth.

(b) coordinate planning, training, and service delivery among public and private organizations which provide services to severely emotionally disturbed children and youth.

(c) augment existing resources by providing or procuring services, where possible, to complete the range of services needed to serve this population; the scope of services shall include but is not limited to the following:

- (1) in-home treatment programs;
- (2) residential treatment programs;
- (3) education services;
- (4) counseling services;
- (5) outreach services;
- (6) volunteer and community services.

Under circumstances in which the Continuum of Care is unable to procure needed services, it may provide the services until they can be procured;

- (d) direct provision of case management services;
- (e) supervise and administer the development and operation of the Continuum of Care activities and services on a statewide regional basis.

Council may employ director

Section 6. The Policy Council is authorized to employ a director to serve at its pleasure. The director shall employ staff as is necessary to carry out the provisions of this act. The funds for the director, staff, an other purposes of the Continuum of Care and Policy Council will be as provided by the General Assembly in the annual general appropriations act.

Annual report

Section 7. The Policy Council shall submit an annual report to the Governor and General Assembly on the activities of the Continuum of Care and Policy Council.

Administrative support services

Section 8. The Department of Mental Health shall provide administrative support services as are necessary to perform the fiscal affairs of the Policy Council and Continuum of Care. This does not provide the Department of Mental Health with regulatory authority over the expenditure of funds, hiring of personnel, or other policy and regulatory decisions.

Time effective

Section 9. This act shall take effect upon approval by the Governor.

(Note: Act 431 was signed into law by Governor Richard Riley on May 23, 1986)

TENNESSEE

Policy: Senate Bill 1861 was signed into law in April 1986 and became Public Chapter 837 (Tennessee Code Annotated Title 37, Chapter 1 and 2).

Parties involved: The departments of Corrections, Mental Health and Mental Retardation, Human Service, Education, Health and Environment are all potential members of the case assessment/management teams.

Purpose: The Tennessee legislation establishes an Interdepartment Case Assessment/Management Team (ICAM) that provides interdisciplinary investigations and recommendations to the court for adjudicated youth. It allows the juvenile court to order the ICAM to investigate and make a report of findings to aid the court in decision making. In addition, if the court makes a disposition of a child's case and finds that more than one department is involved, then the court may order that the child's case be managed by the ICAM. Any involved ICAM agency may also request case management services for a youth in custody.

The law specifically applies to children who are delinquent, unruly, dependent or neglected. The operating procedures, however, suggest that an appropriate referral be under the age of eighteen and "exhibit behavioral, emotional or social problems that are disruptive to the child's academic progress, family relationships, and/or peer relationships, often to the point that said child is at risk for out-of-home placement." The process is intended to serve children who have dual or multiple diagnoses and or who have experienced numerous unsuccessful placements.

Process: ICAM teams are county based. The Department of Human Services names a team for each child referred choosing from other departments as necessary. Transition issues are raised as a child approaches the age of eighteen, although services may be provided until the age of twenty-two.

Relevance to children with emotional disabilities: The legislation makes no direct mention of either emotional disabilities or transition as an issue. The process can be used to support transition planning for children with emotional disabilities. Because of its focus on adjudicated youth, it is somewhat limited in its ability to address the needs of children with emotional disorders. In addition, the process of coordination and planning is not automatic and must be invoked for each child who is seen as needing it.

Contact person: Duane Doidge
Office of Children and Adolescent Services
Department of Mental Health and Mental Retardation
James K. Polk State Office Building
505 Deaderick Street
Nashville, Tennessee 37219-5393

(615) 741-3708

SENATE BILL NO. 1861

By Henry, Moore, Person

Substituted for: House Bill No. 1879

By Patterson, Murphv, Turner (Hamilton)

AN ACT Relative to juvenile courts and proceedings and to amend Tennessee Code Annotated, Title 37, Chapters 1 and 2.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 37-1-128, is amended by redesignating the language of subsections (c) and (d) as subsections "(d)" and "(e)" respectively, and by inserting the following new language, to be designated as subsection "(c)":

(c) At any time that a child alleged to be delinquent, unruly, dependent or neglected is brought before the court and during the pendency of any proceeding, the court may request that an investigation and report of findings of the child's condition and recommendations to aid the court in its disposition of the child be made by a team of representatives from the Departments of Correction, Mental Health and Mental Retardation, Human Services, Education, Health and Environment, as named necessary. The Department of Human Services shall name the departments necessary for a proper team assessment of the child and shall convene the Team. The Team shall, through collaborative methods, conduct the investigation and make the report of findings and recommendations so as to present a multi-disciplinary assessment of the child's condition and needs. If special education services are deemed necessary, then state and federal laws governing evaluation must be followed. A preliminary report from the Team shall be filed with the court within ten (10) days of the date of the court's request, with the final report of findings being made no later than thirty (30) days from the date of the court's request. Nothing in this subsection shall preclude the court from making any other referral for investigation or any order for examination, evaluation, or treatment as provided in this section or any other section of Title 37, and referrals to the Team by the court shall be restricted to the child for whom other referrals or orders for investigation, examination, evaluation, or treatment are insufficient to render a satisfactory report of findings, except where a particular county court and its team representatives are agreeable to less restrictive conditions for referrals.

SECTION 2. Tennessee Code Annotated, Section 37-1-129, is amended by redesignating the language of subsection (e) as subsection "(f)" and by inserting the following new language, to be designated as subsection "(e)":

(e) If the court finds that the child is delinquent, dependent or neglected or unruly and makes a disposition of commitment of custody to any department of state government and in the evidence presented in hearings under subsections (b) and (c) there is need for the involvement of more than one department of state government to meet the child's needs, then the court may order that the child's case be managed by an Interdepartmental Case Management Team. The Department of Human Services shall name the departments necessary to the Team according to the court's findings of the child's needs and shall convene the Team. The Team shall have authority to arrange services needed by the child as directed by the court, except if there is a finding that Special Education Services are necessary, state and federal laws governing

placement must be followed. If any department disagrees with or is unable to provide the services determined by the Team as needing to be effected for the child, then appeal must be made within five (5) days following the Team's final determination to a review committee made up of the Commissioners of the Departments of Correction, Mental Health and Mental Retardation, Human Services, Education, Health and Environment and chaired by the Executive Director of the Tennessee Commission on Children's Services. The review committee shall review the appeal and make a finding, which shall be binding, within fifteen (15) days of receipt of the appeal. The Interdepartmental Team may request the court's review of the child's case at any time the child's needs are believed no longer appropriate to the directives of the court and may at that time request relief from all or a part of the case management responsibilities. Nothing in this subsection shall preclude the court from making any other disposition of the child as provided in this section or any other section of Title 37, and an order by the court for Interdepartmental Case Management shall be restricted to the child for whom other dispositions are insufficient to render a satisfactory arrangement of services for the child.

SECTION 3. Tennessee Code Annotated, Section 37-1-161(a), is amended by deleting the existing language in its entirety and substituting instead the following:

There is hereby established a reimbursement account which shall be composed of such amount of state funds as are allocated by the Children's Services Commission from the fund appropriated for county supplements in Section 37-1-162 and an allocation of federal funds, if any, provided under the Juvenile Justice and Delinquency Prevention Act formula grant funds. The reimbursement account shall be used to provide financial assistance to counties for removing children from adult jails.

SECTION 4. Tennessee Code Annotated, Section 37-1-161(b), is amended by adding the following sentence at the end of the existing provisions:

A child who meets the criteria of Section 37-1-114(c), for placement in a secure facility and who is taken into custody in a county that has established a secure juvenile detention facility since the passage of legislation in 1983 which prohibits the placement of children in adult jails may, with the approval of the juvenile court having jurisdiction in the matter, receive non-secure alternative services provided through the reimbursement account.

SECTION 5. In accordance with Article II, Section 24, of the Constitution of Tennessee, this act shall be null and void unless there is a specific appropriation included in the General Appropriations Act to fund its estimated cost.

SECTION 6. This act shall take effect January 1, 1987, the public welfare requiring it.

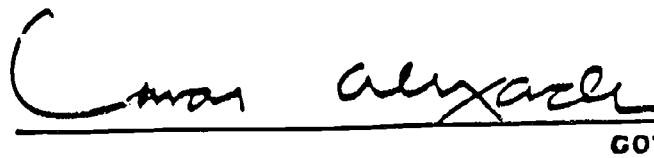
SENATE BILL NO. 1861

PASSED: April 3, 1986


SPEAKER OF THE SENATE


SPEAKER OF THE HOUSE OF REPRESENTATIVES

APPROVED this 18th day of April 1986


GOVERNOR

WASHINGTON

Policy: In 1984 a Transition Joint Agreement was signed. This was followed in 1987 by a resolution (Senate Resolution 1987-8639) that anticipated the need to serve the special education population after leaving the school system and mandated the development of a statewide transition plan.

Parties involved: The Transition Joint Agreement was signed by the Division of Special and Professional Programs, Division of Vocational Rehabilitation and the Division of Developmental Disabilities. The 1987 resolution requires that the Department of Public Instruction, the Department of Social and Health Services and the Developmental Disabilities Planning Council work together to conduct a study. The Office of the Superintendent of Public Instruction includes both special education and vocational education. The Department of Social and Health Services includes the Division of Developmental Disabilities (DDD) and the Division of Vocational Rehabilitation (DVR).

Purpose: The Transition Joint Agreement (1984) encouraged local communities to work together to ensure a successful transition from school to work. Local communities were encouraged to develop three way cooperative agreements among DDD, DVR and the school district. A model agreement and an actual one are included here. This approach to transition planning was only partially accepted by local communities and only a few agreements were ever developed. The 1987 resolution directed the departments to work together to gather data on the services needed by special education students as they leave school, to gather data on sheltered, supported or competitive employment and to develop a plan for a statewide transition system.

Process: The process associated with the new state plan is still being developed. The 1984 model agreement suggested that representatives from DDD, DVR and the school district meet at the beginning of the school year to share information on their respective programs, eligibility requirements and services. School staff would then identify students with disabilities who might be appropriate for services and were entering their last two years of school. These students would be screened by either DDD or DVR. A meeting would be held with the student, parent and appropriate agency representatives to determine if a referral was warranted. During the student's last two years in school, either DDD or DVR would process students' applications for adult services and preparation for some of these services might be built into the Individualized Education Program. This approach was developed within school districts and since 1984 was modified and adapted by other school districts in Washington.

Relevance to children with emotional disabilities: The sample agreements explicitly include emotional disabilities as one of the learning disabilities that is to be considered. The Mental Health Division, however, is not specifically included either in the Transition Joint Agreement, the resolution or in the recommended local agreements. This process does not exclude children with emotional disabilities and could address their needs, particularly those who are in the school system or have an Individualized Education Program. The planning process that is underway is inclusive and will probably respond to the needs of children with emotional disorders.

Contact person: Carla Jackson
Transition Coordinator
Division of Special Services and Support Programs
Office of the Superintendent of Public Instruction
Old Capitol Building, FG-11
Olympia, Washington 98504

(206) 753-6733

Transition from School to Work

August 27, 1984

The Division of Vocational Rehabilitation, the Office of Superintendent of Public Instruction and the Division of Developmental Disabilities are working together to ensure that youth with disabilities have a successful transition from school to work. Our intention is:

- to ensure appropriate transition of secondary students with a disability from high school to employment,
- to increase valid referrals from school districts to DVR and DDD,
- to focus on suitable employment throughout the transition process and beyond.

We are pleased that some of you have already done considerable work on transition. For those who do not have a cooperative agreement in place, we encourage the development of three-way cooperative agreements at the local or regional level, involving DDD, DVR, and school districts. A sample model agreement is enclosed which can be adapted to meet local needs. Please send to Les James any agreements you develop, and he will share them with Dr. Schrag, Dr. Kirsch and Mr. Stern.

Sincerely,

DIV. OF SPECIAL SERVICES
AND PROFESSIONAL PROGRAMS



Judy A. Schrag
Assistant Superintendent
Old Capitol Bldg., FG-11
Olympia, Wa 98504

DIV. OF VOCATIONAL
REHABILITATION

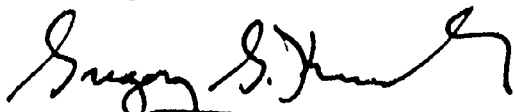


Les James
Director
OB-21C
Olympia, Wa 98504

DIV. OF DEVELOPMENTAL
DISABILITIES



John Stern
Assistant Director
OB-42C
Olympia, Wa 98504



Gregory Kirsch
Director of Special Education
Old Capitol Bldg., FG-11
Olympia, Wa 98504

IN THE LEGISLATURE
of the
STATE OF WASHINGTON



**SENATE RESOLUTION
1987-8639**

By Senator Caspard

WHEREAS, There are large numbers of special education students who are in need of services that will assure their effective transition from the public school system to community programs, employment and support systems; and

WHEREAS, There is not data now available that illuminates the nature or magnitude of the problem, if one exists; and

WHEREAS, It is believed that large numbers of former special education students are not now, but could be, gainfully employed with assistance from a coordinated system of transition; and

WHEREAS, The time, money, and effort of special education programs should not be diminished by the failure of a transition between the classroom and life after the classroom; and

NOW, THEREFORE, BE IT RESOLVED, That the Washington State Senate requests that the Office of the Superintendent of Public Instruction, the Department of Social and Health Services (including the Division of Developmental Disabilities and the Division of Vocational Rehabilitation) and the Developmental Disabilities Planning Council conduct a study:

(1) to gather data on special education relating to services acquired and services needed by these students upon leaving the public school system;

(2) to gather data relating to sheltered, supported or competitive employment obtained;

(3) to develop the basis of a plan that would create an effective statewide transition system for special education students as they exit the public school system; this plan would include a resource analysis and legal review of agency WACS and guidelines currently affecting transition; and

BE IT FURTHER RESOLVED, That the results of such study, together with any recommendations therefrom, be presented to the Washington State Senate by December, 1988.

I, Sid Snyder, Secretary of the Senate,
do hereby certify that this is a true and
correct copy of Senate Resolution 1987-8639,
adopted by the Senate April 16, 1987.

SID SNYDER
Secretary of the Senate

SAMPLE

MEMORANDUM OF UNDERSTANDING

Between

THE DIVISION OF VOCATIONAL REHABILITATION, DSHS
and
THE DIVISION OF DEVELOPMENTAL DISABILITIES, DSHS
and
_____ SCHOOL DISTRICT # _____

The Division of Vocational Rehabilitation (DVR), the Division of Developmental Disabilities (DDD), and _____ School District # _____ agree to cooperate in providing appropriate rehabilitation, transition and referral services to students who are physically, mentally and emotionally disabled in order to ensure their entry into suitable employment. It is mutually agreed that the following steps are to be utilized to accomplish that goal.

I. At the beginning of each school year, representatives of DVR and DDD will meet with appropriate school personnel, i.e., counselors, psychologists, principals and special education staff to provide for them an overview of their respective programs, including eligibility requirements and services offered.

II. Following the presentation by DDD and DVR staff, school staff will identify students with disabilities who are perceived as appropriate referrals either to DVR or to DDD. These students should have entered their two last years of school. Lists of appropriate student names will be forwarded with parental approval to the DVR and the DDD staff by October 15th of that year. There will be a three way screening process with DVR, DDD and designated school personnel for a preliminary conversation to attempt referral. Eligible students will be assigned a DVR or a DDD staff person by their respective supervisors.

III. The DDD or DVR representative, the school representative, the student and the parent/guardian will meet to determine whether the suggested referral is appropriate. The parent/guardian will sign a release of information form so that needed school file materials may be shared with the DDD or DVR staff.

IV. The supervisors of the DVR and DDD local offices will assign available staff to provide services assigned for referral to each agency. Additional staff will be assigned as needed and/or available.

V. DVR and DDD staff may offer to provide consultive services such as DVR/DDD referral information and community vocational resources as appropriate to school staff involved in the Individual Education Plan (IEP) during the last two years of school.

VI. During the student's last two years of school, the DVR and DDD staff will process the student's application for adult services. The student, school and parent/guardian will be notified of the decision on eligibility no later than March 31st of the last year of school, but preferably much earlier.

VII. During the last two years of school, DVR and DDD may provide services as developed in the Individual Service Plan (ISP) or the Individual Written Rehabilitation Program (IWRP). Elements of the ISP and/or IWRP may be addressed in the student's IEP. To the extent that these elements are included in the IEP, they remain the responsibility of the school district.

VIII. DDD and DVR will assume responsibility for services to persons found eligible for their services as indicated in the ISP/IWRP. Parents/family will also be requested to assume some responsibility, as appropriate.

IX. In order to assist mutually in program planning, school districts included in this agreement will conduct an annual survey of students with disabilities prior to their last two years of school, sharing this information with both DDD and DVR and indicating numbers, types of disabilities, and anticipated service needs. This information will be available to adult providers by December 15th of each year.

X. Representatives of DVR and DDD will meet no later than April 30th of each year with designated school staff to assess the effectiveness of this agreement and the appropriateness of renewing it. Changes may be made at that time. Termination may be effected by notifying the other two parties to the agreement by March 30th of any year.

Name

Representing
School Dist. # _____

Name

Representing
Division of Voc. Rehab.

Name

Representing
Div. of Develop. Disab.

Address:

Address:

Address:

June, 1987

MEMORANDUM OF UNDERSTANDING BETWEEN THE:

(DIST. NAME) School District # _____
Region (#) State Division of Developmental Disabilities(DDD Field Services),
and Region (#) State Division of Vocational Rehabilitation (DVR)

The (DIST. NAME) School District and Region (#) State divisions of Developmental Disabilities (DDD) and Vocational Rehabilitation (DVR) agree to cooperate in providing appropriate rehabilitation, transition and referral services to eligible (DIST. NAME) students who may have a physical, mental, emotional and/or a learning disability in order to assist their entry into suitable employment. It is mutually agreed that the following steps are to be utilized by said agencies to accomplish that goal.

- I. This agreement (for DDD eligibility requirements) is limited to those persons who are either:
 - A. At least 19 for whom a transition I.E.P. has been developed (with anticipated age-out at 21); or
 - B. At least 16 for whom a transition I.E.P. is being developed (with graduation anticipated at age 18).
- II. In order to mutually assist in program planning, (DIST. NAME) will conduct an annual survey of students with disabilities prior to their last two years in school. This information will be shared with DVR and DDD during October of each school year and indicate numbers of students and their types of disabilities.
- III. At the beginning of each school year, representatives of DDD and DVR will meet with appropriate school personnel, i.e., counselors, psychologists, principals, and special education staff to provide for them an overview of the DVR and DDD programs, including eligibility requirements and services offered.
- IV. Following the meetings with DVR and DDD, (DIST. NAME) staff will identify students who have entered their last two years of school and who are perceived as potential referrals to DDD or DVR.
- V. A transition team of persons representing (DIST. NAME), DDD and DVR will be formed to annually screen students to determine the appropriate service provider (i.e. DDD or DVR) for the student upon graduation. At least one person will be appointed by each agency to serve on the team and act as on-going liaison in the transition process.
 - A. (DIST. NAME) will obtain releases for and provide a list of those students to be screened by DDD and DVR at least one week prior to the annual screening meeting.
 - B. (DIST. NAME) agrees to furnish to the transition team available educational, psychological, medical and vocational information to assist the team in making their determination.

- C. (DIST. NAME) will designate one person to act as the transition liaison with DDD and DVR. In addition, one person from each of the (#) high schools will be identified as the transition representative to give input to the transition liaison and, whenever possible, meet with the transition team.
- D. The supervisors of the Region (#) DDD and DVR offices will assign a DDD case manager and a DVR counselor to act as the liaisons with the school district.
- VI. The DDD and DVR liaisons agree to provide screening, referral information, eligibility determination and consultative services to parents and school staff regarding community vocational services.
- VII. Once a student is determined eligible for either DDD or DVR services, the school, student, and parent/guardian will be notified of the decision of either DDD or DVR eligibility within 10 working days of that decision. Following the eligibility determination, implementation of the transition plan could include:
- A. DVR may provide services as developed in the Individual Written Rehabilitation Program (IWRP), including vocational assessments;
 - B. DDD may provide services as developed in the Individual Service Plan (ISP). For individuals living in DDD funded residential programs, this may include residential skills training (i.e., grooming and mobility) at the student's residence.
 - C. Elements of the IWRP or the ISP may be addressed in the student's I.E.P.. To the extent that these elements are included in the I.E.P., they may remain the responsibility of the school district.
 - D. DDD and/or DVR may assist in the development or modification of transition I.E.P.s as needed.
 - E. DDD, DVR and (DIST. NAME) will work together to facilitate appropriate residential staff and/or guardian/parent involvement in carrying out responsibilities as may be described in the transitional plan.
- VIII. It is recognized that not all identified students will need services beyond high school and that some graduates may require services from more than one agency upon graduation. It is also recognized that eligibility for DDD does not guarantee that vocational and residential services will be provided.
- IX. The transition liaisons from DDD, DVR, and the (DIST. NAME) School District will meet no later than March 31st of each year with designated school staff (at least the transition reps from the high schools) to assess the effectiveness of this agreement and the appropriateness of renewing it. Changes may be made at that time. Termination may be effected by providing a 30 day notice in writing to all parties in the agreement.

(signature page attached)

SIGNATURE PAGE FOR:
MEMORANDUM OF UNDERSTANDING BETWEEN THE:
(DIST. NAME) School District, #____
Region ____ State Division of Developmental Disabilities
(DDD Field Services), and
Region ____ State Division of Vocational Rehabilitation (DVR)

We, the undersigned, agree to the attached Memorandum of Understanding:

(NAME) _____, Director of Special Programs,
School District # _____

_____ Dated _____

(NAME) _____, Regional Administrator, Region ____, DVR

_____ Dated _____

(NAME) _____, Regional Administrator, Region ____, DDD

_____ Dated _____

Transition Policies Affecting Services to Youth
With Serious Emotional Disabilities

EVALUATION FORM

1. Who used the *Transition Policies* monograph? (Check all that apply.)

Parent

Educator

Child Welfare Worker

Juvenile Justice Worker

Mental Health Professional

Other (Please Specify) _____

2. Please describe the purpose(s) for which you used the monograph:

3. Would you recommend use of the monograph to others? (Circle one)

Definitely

Maybe

Conditionally

Under No Circumstances

Comments: _____

4. Overall, I thought the monograph was: (Circle one)

Excellent

Average

Poor

Comments: _____

5. Please offer suggestions for the improvement of subsequent editions of this monograph:

We appreciate your comments and suggestions. Your feedback will assist us in our effort to provide relevant and helpful materials. Thank you.

Please fold, staple and return this self-mailer to the address listed on the reverse side.

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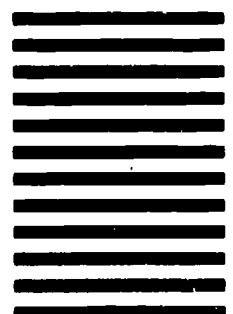
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Research and Training Center Resource Materials

- Annotated Bibliography. Parents of Emotionally Handicapped Children: Needs, Resources, and Relationships with Professionals.* Covers relationships between professionals and parents, parent self-help, support and advocacy groups, parent participation, parents' problems and guidelines. \$7.50 per copy.
 - Annotated Bibliography. Youth in Transition: Resources for Program Development and Direct Service Intervention.* Transition needs of adolescents: educational and vocational issues, programs and curriculum, research overviews, interpersonal issues, skills training. \$6.00 per copy.
 - Child Advocacy Annotated Bibliography.* Includes selected articles, books, anthology entries and conference papers written since 1970. presented in a manner useful to readers who do not have access to the cited sources. \$9.00 per copy.
 - NEW!** *Choices for Treatment: Methods, Models, and Programs of Intervention for Children With Emotional Disabilities and Their Families. An Annotated Bibliography.* The literature written since 1980 on the range of therapeutic interventions used with children and adolescents with emotional disabilities is described. Examples of innovative strategies and programs are included. \$6.50 per copy.
 - Families as Allies Conference Proceedings: Parent-Professional Collaboration Toward Improving Services for Seriously Emotionally Handicapped Children and Their Families.* Held in April 1986 and attended by delegations from thirteen western states. Includes: agenda, presentation transcriptions, biographical sketches, recommendations, worksheets, and evaluations. \$7.50 per copy.
 - Gathering and Sharing: An Exploratory Study of Service Delivery to Emotionally Handicapped Indian Children.* Findings from Idaho, Oregon, and Washington, covering current services, successes, service delivery barriers, exemplary programs and innovations. \$4.50 per copy.
 - Glossary of Acronyms, Laws, and Terms for Parents Whose Children Have Emotional Handicaps.* Glossary is excerpted from the *Taking Charge* parents' handbook. Approximately 150 acronyms, laws, and words and phrases commonly encountered by parents whose children have emotional disabilities are explained. \$3.00 per copy.
 - NEW!** *Interagency Collaboration: An Annotated Bibliography for Programs Serving Children With Emotional Disabilities and Their Families.* Describes local interagency collaborative efforts and local/state efforts. Theories of interorganizational relationships, evaluations of interagency programs, and practical suggestions for individuals contemplating joint programs are included. \$5.50 per copy.
 - Making the System Work: An Advocacy Workshop for Parents.* A trainers' guide for a one-day workshop designed to introduce the purpose of advocacy, identify sources of power and the chain of command in agencies and school systems, and practice advocacy techniques. \$8.50 per copy.
 - The Multnomah County CAPS Project: An Effort to Coordinate Service Delivery for Children and Youth Considered Seriously Emotionally Disturbed.* A process evaluation of an interagency collaborative effort is reported. The planning process is documented and recommendations are offered. \$7.00 per copy.
 - NEW!** *National Directory of Organizations Serving Parents of Children and Youth with Emotional and Behavioral Disorders.* The 344 U.S. organizations in the second edition provide one or more of the following services: education and information, parent training, case and systems level advocacy, support groups for parents and/or brothers and sisters, direct assistance such as respite care, transportation and child care. \$8.00 per copy.
 - Parents' Voices: A Few Speak for Many* (videotape). Three parents of children with emotional disabilities discuss their experiences related to seeking help for their children (45 minutes). A trainers' guide is available to assist in presenting the videotape. Free brochure describes the videotape and trainers' guide and provides purchase or rental information.
 - Respite Care: An Annotated Bibliography.* Thirty-six articles addressing a range of respite issues are summarized. Issues discussed include: the rationale for respite services, family needs, program development, respite provider training, funding, and program evaluation. \$7.00 per copy.
 - Respite Care: A Monograph.* More than forty respite care programs around the country are included in the information base on which this monograph was developed. The monograph describes: the types of respite care programs that have been developed, recruitment and training of respite care providers, the benefits of respite services to families, respite care policy and future policy directions, and a summary of funding sources. \$4.50 per copy.
 - Taking Charge: A Handbook for Parents Whose Children Have Emotional Handicaps.* The handbook addresses issues such as parents' feelings about themselves and their children, labels and diagnoses, and legal issues. The second edition expands upon emotional disorders of children, including post-traumatic stress disorder and mood disorders such as childhood depression and bipolar disorder. \$7.00 per copy.
- More listings and order form on reverse 

- NEW!** *Transition Policies Affecting Services to Youth With Serious Emotional Disabilities.* The monograph examines how state level transition policies can facilitate transitions from the child service system to the adult service system. The elements of a comprehensive transition policy are described. Transition policies from seventeen states are included. \$5.75 per copy.
- Working Together: The Parent/Professional Partnership.* A trainers' guide for a one-day workshop for a combined parent/professional audience. Designed to identify perceptions parents and professionals have of each other and obstacles to

cooperation; as well as discover the match between parent needs and professional roles, and practice effective listening techniques and team decision making. \$8.50 per copy.

- NEW!** *Youth in Transition: A Description of Selected Programs Serving Adolescents With Emotional Disabilities.* Detailed descriptions of existing youth transition programs are provided. Residential treatment, hospital and school based, case management, and multi-service agency transition programs are included. Funding, philosophy, staffing, program components, and services information is provided for each entry. \$6.50 per copy.

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