

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
Behavioral Health and Developmental Disabilities Administration

SCHOOL TO COMMUNITY TRANSITION PLANNING

I. Statement of Purpose

The purpose of this policy is to provide the Community Mental Health Service Programs (CMHSPs) direction and guidance in planning for the transition of students with disabilities from special education programs to adult life as required by the Michigan Mental Health Code Section 330.1227, School to Community Transition Services. Section 330.1100d(11) of the Michigan Mental Health Code states: “Transition services means a coordinated set of activities for a special education student designed within an outcome-oriented process that promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment including supported employment, continuing and adult education, adult services, independent living, or community participation.” This policy provides information about state and federal statutes relevant to school services and the CMHSPs responsibilities. In addition, information is being provided regarding key elements of school programs which appear to better prepare students with disabilities for transition from special education to adult life.

Although this policy focuses only on special education to community transition, it is important to note the CMHSP responsibilities described in Section 208 of the Michigan Mental Health Code: “(1) Services provided by a CMHSP shall be directed to individuals who have a serious mental illness, serious emotional disturbance (SED), or developmental disability (DD). (3) Priority shall be given to the provision of services to persons with the most severe forms of serious mental illness, SED, and DD.” In addition, any Medicaid recipient requiring medically necessary services must also be served.

Children meeting the criteria described above, but not in special education, also face issues of transition to adult life. These may include sub-populations of youth such as runaway youth, children with emotional disturbance at risk of expulsion from school, and youth who “age out” of: 1) the Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis for which they are receiving mental health services; 2) Children’s Waiver; 3) Children’s Special Health Care Services Plan; and 4) foster care placement, making them at risk for being homeless. The Michigan Department of Health and Human Services (MDHHS) recognizes the importance of these issues and is seeking service models to assist the CMHSPs to meet the needs of this population. For example, Dr. Hewitt “Rusty” Clark of the Florida Mental Health Institute, a national expert on transition, has presented and discussed issues regarding transition to independent living for youth and young adults with emotional and behavioral disturbances with the MDHHS staff and Michigan stakeholders. In addition, the MDHHS funded three interagency transition services pilot programs targeted at this population in FY1999. While it is recognized that these are important issues which need attention and guidance, they are not the focus of this policy document.

II. Summary

The completion of school is the beginning of adult life. Entitlement to public education ends, and young people and their families are faced with many options and decisions about the future. The most common choices for the future are pursuing vocational training or further academic education, getting a job, and living independently.

The Michigan Mental Health Code requires: "Each CMHSP shall participate in the development of school to community transition services for individuals with serious mental illness, SED, or DD. This planning and development shall be done in conjunction with the individual's local school district or intermediate school district as appropriate and shall begin no later than the school year in which the individual student reaches 16 years of age. These services shall be individualized. This section is not intended to increase or decrease the fiscal responsibility of school districts, the CMHSPs, or any other agency or organization with respect to individuals described in this section."

The effectiveness of primary and secondary school programming for students with disabilities directly affects services and financial planning of the CMHSPs. Schools that best prepare students with disabilities to live and work in the community and to access generic community services such as transportation and recreation create fewer demands on the adult services system and foster better community participation for individuals with disabilities. It is important for the CMHSPs to develop a knowledge base of the federal statutes underlying school programming in order to assess whether students with mental health-related disabilities are receiving school services that will lead to independence, employment, and community participation when their school experience ends.

The CMHSPs have a responsibility to provide information about eligibility requirements, types of services, and person-centered planning (PCP) in the public mental health system to students, families, caregivers, and school systems.

III. Development

For the past two years, the MDHHS has been involved in activities to increase the knowledge base and to become more familiar with the issues of transition. Activities have included:

- A. Membership on the Transition Network Team, a statewide project comprised of representatives from state agencies, selected school systems, the Social Security Administration (SSA), and advocacy groups. The goal of the Transition Network Team is to resolve policy issues and barriers so that community partners can work collaboratively.
- B. Review of the Transition Network Team Initiative findings with the project evaluator. The Transition Network Team Initiative was a five-year, federally funded grant to the State of Michigan focused on transition services.
- C. Attendance at a training program on the Individuals with Disabilities Education Act (IDEA) amendments of 1997, sponsored by the Citizens Alliance to Uphold Special Education (CAUSE) and provided by the Center for Law and Education of Boston, Massachusetts.

D. Attendance at annual School to Work conferences.

E. Attendance at the Michigan Association of Transition Services Personnel conference.

In July 1999, the MDHHS convened a workgroup consisting of the MDHHS staff and the representatives of seven CMHSPs with experience in planning and facilitating transition initiatives in their local communities. The workgroup presented and discussed current field practices and reviewed articles and research related to transition.

IV. Practice

A. Current CMHSP Involvement

There is a broad range of the CMHSP involvement with schools around transition services. Generally, the CMHSPs are concerned with knowing the number of students who will be completing their school program and who are projected to need services from the CMHSP, such as case management (resource coordination), housing, therapy(ies), employment (placement and/or supports), and social/recreational opportunities. To a lesser degree, the CMHSPs participate in the final Individual Educational Program (IEP) prior to the student completing their school program.

Some of the CMHSPs actively participate with the schools and other community services providers. In a few communities, employment services are well coordinated with the student maintaining the same community job after completion of their school program. A few of these individuals keep the same vocational services provider. In addition, there may be social and recreational programs that are available to individuals with disabilities who are still in school as well as to those who are out of school. There is a need for more of the CMHSP involvement to promote: 1) Local school systems implementing the values of IDEA, with particular focus on integration, early vocational exploration, and community-based work experiences; and 2) The CMHSPs becoming more knowledgeable regarding desirable components of school programs which appear to lead to students with disabilities being more successful in their transition to adult life.

For the CMHSPs to know if local school systems are providing appropriate programming, the CMHSPs must have knowledge of the applicable laws and local school programming. The CMHSPs also have a responsibility to provide students, caregivers, and school systems information regarding eligibility for services from the public mental health system. Clearly, part of that responsibility involves presenting the mental health service principles of PCP, self-determination, inclusion, and recovery.

B. Major Federal Legislation Regarding Transition

1. Education of the Handicapped Act (EHA): The EHA, Public Law 94-142, is the primary legislation which guides school services. The EHA, passed in 1975, is better known through its latest amendments, as the IDEA.

Public Law 94-142 established the concept of a free and appropriate public education for all children. The following points are presented to show that the public laws guiding school services for students with disabilities match up well with the Michigan Mental Health Code principles:

- All children with disabilities, regardless of the severity of their disability, will receive a Free and Appropriate Public Education (FAPE) at public expense.
 - Education of children and youth with disabilities will be based on a complete and individual evaluation and assessment of the specific, unique needs of each child.
 - An IEP, or an Individualized Family Services Plan (IFSP), will be drawn up for every child or youth found eligible for special education or early intervention services, stating precisely what kinds of special education and related services, or the types of early intervention services, each infant, toddler, preschooler, child, or youth will receive.
 - To the maximum extent appropriate, all children and youth with disabilities will be educated in the regular education environment.
 - Children and youth receiving special education have the right to receive the related services necessary to benefit from special education instruction. Related services include transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education that includes speech pathology and audiology, psychological services, physical and occupational therapy, recreation (including therapeutic recreation), early identification and assessment of disabilities in children, counseling services (including rehabilitation counseling), and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parental counseling and training.
2. Public Law 98-524, the Vocational Education Act of 1984 (The Carl D. Perkins Act): The Carl D. Perkins Act has a goal to improve the access of students with disabilities to vocational education. The Carl D. Perkins Act requires vocational education be provided for students with disabilities.
3. Public Law 93-112, the Rehabilitation Act of 1973: The Rehabilitation Act of 1973 is primarily important because of Section 504. Section 504 states no individual shall be excluded from participation in, denied the benefits of, or subjected to discrimination under any program or activity receiving federal financial assistance by means of a disability.

The full history of the related Public Laws is available through the National Information Center for Children and Youth with Disabilities (NICHCY). Their website is a good source of past and current information (<http://www.aed/nichcy>).

C. Review of the Literature

A publication by the Transition Research Institute, University of Illinois at Urbana-Champaign, authored by Paula D. Kohler, Ph.D. and Saul Chapman, Ph.D., dated March 1999 and updated in April 1999, reviewed 106 studies which have attempted to empirically validate transition practices used by school systems. The report indicates that a “rigorous screening” narrowed the field to 20 studies for further review. The report found that there were many problems with the studies reviewed, including, not enough information about specific interventions and practices; specific practices not directly tested making it difficult to establish specific outcomes to specific practices; studies focused on higher functioning students; lack of random sampling; lack of baseline data; too many subjects lost during the studies; and lack of use of appropriate evaluation methods. A conclusion from this report states “...there is some evidence to support various practices but also that no strong body of evidence exists that unequivocally confirms any particular approach to transition, nor is there any strong evidence to support individual practices.”

The NICHCY publishes a variety of resources on transition. The resources include ideas and information on how students, families, school personnel, service providers, and others can work together to help students make a smooth transition. In particular, the focus is on creative transition planning and services that use all the resources that exist in communities and not just agencies that have traditionally been involved.

This policy incorporates certain practices and models which, while not empirically validated, are consistent with the MDHHS values and principles. These practices and models are being utilized across the country by many schools, and these schools consider these practices to be positive. It appears that many transition practices for students with disabilities are practices being utilized as part of the School to Work services for all students. Simply assuring that students with disabilities are included in the broader programming at the same time as other students is a positive practice.

V. Philosophy and Values

The MDHHS deems that the CMHSP transition services must be based on values that reflect PCP and services and supports that promote individuals to be:

- empowered to exercise choice and control over all aspects of their lives,
- involved in meaningful relationships with family and friends,
- supported to live with family while children and independently as adults,
- engaged in daily activities that are meaningful, such as school, work, social, recreational, and volunteering, and
- fully included in community life and activities.

VI. Essential Elements

The Michigan Mental Health Code 330.1227, Sec 227, requires that “transition planning begin no later than the school year in which the individual student reaches 16 years of age.” The CMHSPs, however, should be involved with schools early enough to develop a mutual relationship based on the principles of inclusion, self-determination and age appropriateness which underlie both IDEA and the Michigan Mental Health Code. The practice(s) that would lead to the most consistent relationships between schools and the CMHSPs for students under 16 years of age, or more than two years away from graduation, are:

A. Early and Active Involvement with the Schools.

1. Current federal regulation requires that the IEP transition planning for students with disabilities must begin at age 14. The IEPs must be held once a year plus when there is a significant change in programming. Rather than attending each IEP, particularly early in an individual student’s educational career, a better strategy for the CMHSPs would be to look more broadly at the type of programming each individual school system is providing to students with disabilities.
2. Key questions to consider when reviewing school programming for students with disabilities include: Are all students with disabilities being included with all students in School to Work activities? Are all students with disabilities being given opportunities to experience community-based work and independent living activities? Are all students with disabilities being experientially taught how to access generic community services? Are all students with disabilities learning about making choices as they move into adulthood?
3. Examples of School to Work activities in school systems are career days, job shadowing, student portfolios of work and educational achievements, summer work experiences, student internships, and student co-op experiences. All students with disabilities should be participating in these activities simultaneously with other students their own age.
4. All available community resources should be pursued particularly for out-of-school and summer programming. The Michigan Department of Career Development, Rehabilitation Services (MDCD RS) is very active in many parts of the state working with students with disabilities. The MDCD RS is a particularly valuable resource for career/employment-related services for students exiting secondary schools.

B. Participating in the IEP Meetings and Sharing Information with Schools

While the CMHSPs need not attend all the IEP meetings, they do need to ensure that schools, students, families, and caregivers have basic knowledge of what the CMHSPs can provide to individuals with disabilities and eligibility criteria for those services. It is also important that:

The CMHSPs provide information on the MDHHS requirement that all the CMHSP services be based on PCP. There are a variety of mechanisms available to the CMHSPs for providing information. Brochures, community information events, direct mailings, special group presentations, local media, etc. Based on the CMHSP experience to date, no one or two methods will be adequate.

The CMHSPs shall provide schools with the following information through the CMHSP customer services efforts:

1. Values governing public mental health services including:
 - Recovery,
 - Self-determination,
 - Full community inclusion, and
 - Person-centered planning.
2. Eligibility criteria:
 - Michigan Mental Health Code priority populations,
 - Medicaid,
 - Specialty medically necessary services (including the boundary with the Qualified Health Plans),
 - Children's Waiver, and
 - Local service selection guidelines/protocols/etc.
3. Local service array for both adult and child service providers.
4. The name and telephone number for a CMHSP liaison to the school for systemic service-related issues.

C. Providing Information about the CMHSP Service Populations

The CMHSPs have the responsibility to provide information to appropriate local school staff about specific conditions which would indicate the likelihood that a student would need assessment and/or service from the CMHSP upon graduation.

Students classified under the school system as Severely Multiply Impaired (SXI), Trainable Multiply Impaired (TMI), Severely Mentally Impaired (SMI) and Educable Mentally Impaired (EMI) are generally eligible for the CMHSP services. Other student classifications would indicate a closer look by the CMHSPs to determine eligibility for adult services from the CMHSP. The classification of Autistically Impaired (AI) covers students with a very broad range of skills and abilities often necessitating further assessment to

determine eligibility for the CMHSP services. Students classified as Emotionally Impaired (EI) would have to be assessed for eligibility for adult services from the CMHSP. In the mental health system, EI, by definition, ends at the age of 18. Students classified as EI as well as Learning Disabled (LD) and Physically or Otherwise Health Impaired (POHI) would need an assessment for an appropriate mental illness or DD diagnosis. Where the school diagnosis is not appropriate, it is the responsibility of the CMHSP to provide an assessment. The CMHSPs must look at factors in addition to diagnosis. Other factors include risk for expulsion from school, need for assistance in multiple life domains, or absence of a stable natural support network.

D. Using Local Councils and Committees

The CMHSPs can also use Multi-Purpose Collaborative Bodies (MPCBs) to address issues regarding the systemic implementation of transition services and to identify additional community resources for transition services. Regional Inter-Agency Coordination Committees (RICC) and Transition Councils are additional local bodies which may be used for the same purpose.

The following are the practice protocols that would lead to the most consistent relationship between the CMHSPs and the schools for students 16 years of age or two years away from completion of their school program.

For students within two years of completing their school program, or for students where the CMHSP is already providing or arranging services, the CMHSP shall:

E. Request Information from Schools

It is expected that the CMHSPs will need the following from the schools to determine future needs and manage available resources including, but not limited to, information for each student age 16 or older who is expected to receive a diploma more than two years from the present:

- special education classification,
- whether or not it is expected the student will need assistance in multiple life domains,
- the stability of the student's natural support system,
- any transition services currently being provided,
- any mental health related services being provided by the school (e.g. school-based Medicaid services), and
- post-graduation goals, if identified.

Based on this information and the CMHSPs knowledge of, and relationship with, the school district, the CMHSP may decide to initiate contact with the school for specific students.

F. Initiate Transition Planning

1. The CMHSP shall identify for the school, the student, and his/her family a contact person at the CMHSP to act as a contact for the student's transition plan.
2. The CMHSP shall initiate the CMHSP transition planning as part of each student's IEP. In the event that the student/family does not want the CMHSP to have a representative present, the CMHSP shall work with the school district to assure that the CMHSP has input into the student's transition plan and to obtain the necessary information, such as that outlined in E above, so that future services can be projected. The CMHSPs shall plan to participate in the IEP meetings for students who meet the eligibility criteria in section E above, and those students who may need assessment or services from the CMHSP as they near completion of their school program. Attendance or other active participation at the IEP meetings the last two years will ensure that the student and the CMHSP have sufficient time to prepare for transition.
3. The CMHSP shall provide mental health services as part of a comprehensive transition plan which promotes movement from school to the community, including vocational training, integrated employment including supported employment, continuing and adult education, adult services, independent living, or community participation. It should be noted that the CMHSP does not have sole responsibility for any of these post-school activities, and it may not use its state or federal funds to supplant the responsibility of another state agency. It is highly recommended that the CMHSPs look at cooperative agreements and the pooling of resources to develop the best services possible for students with disabilities.

VII. Definitions

CAUSE – Citizens Alliance to Uphold Special Education – A statewide parent training and information center for special education related activities.

CMHSP – Community Mental Health Service Program

EHA – Education of the Handicapped Act, Public Law 94-142 – The primary legislation which guides school services for students with disabilities. Passed in 1975, it is better known as IDEA, based on later amendments labeled as the Individuals with Disabilities Education Act.

EI – Emotionally Impaired – An impairment determined through manifestation of behavioral problems primarily in the affective domain, over an extended period of time, which adversely affect the individual's education to the extent that the individual cannot profit from regular learning experiences without special education support.

EMI – Educable Mentally Impaired – An impairment which is manifested through all the following characteristics:

- Development at a rate approximately two to three standard deviations below the mean as determined through intellectual assessment,

- Lack of development primarily in the cognitive domain, and
- Impairment of adaptive behavior.

FAPE – Free and Appropriate Public Education

IDEA – See EHA

IEP – Individualized Education Program – A program developed by an individualized educational planning committee which shall be reviewed, at least annually.

IEPT – Individualized Educational Planning Team – A committee of individuals appointed and invited by the superintendent to determine an individual's eligibility for special education programs and services and, if eligible, to develop an IEP.

Inclusion – A MDHHS value which directs funding organizations and service providers to enable individuals with disabilities to participate in the community, i.e., use community transportation, work in real paid jobs, access generic community social and recreation opportunities, and live in their own apartments and houses. Inclusion includes the availability of flexible professional and natural supports that reinforce the individual's own strengths and expands their opportunities and choices.

NICHCY – National Information Center for Children and Youth with Disabilities

Multi-Purpose Collaborative Body – An inclusive planning and implementation body of stakeholders at the county or multi-county level focused on a shared vision and mission to improve outcomes for children and families

Person-Centered Planning (PCP) – A highly individualized process designed to respond to the expressed needs/desires of the individual. The Michigan Mental Health Code establishes the right for all individuals to have their Individual Plan of Service (IPOS) developed through a PCP regardless of age, disability, or residential setting. PCP is based on the following values and principles:

- Each individual has strengths and the ability to express preferences and to make choices.
- The individual's choices and preferences shall always be considered, if not always, granted. Professionally trained staff will play a role in the planning delivery of treatment and may play a role in the planning and delivery supports. Their involvement occurs if the individual has expressed or demonstrated a need that could be met by professional intervention.
- Treatment and supports identified through the process shall be provided in environments that promote maximum independence, community connections, and quality of life.
- An individual's cultural background shall be recognized and valued in the decision-making process.

Public Law 98-524, the Vocational Education Act of 1984, (The Carl D. Perkins Act) – The Carl D. Perkins Act has a goal to improve the access of students with disabilities to vocational education. The Carl D. Perkins Act requires that vocational education be made available as appropriate for students with disabilities.

Recovery – Recovery is the nonlinear process of living with psychiatric disability in movement toward a quality life. The recovery model for individuals involves the movement from anguish, awakening, insight action plan, and determined commitment for wellness. The external factors influencing recovery are support, collaboration, building trust, respect, choice, and control. The development of hope provided by caregivers and generated from within the individual is a base for transformation into well-being and recovery.

The concept of recovery was introduced in the lay writings of individuals beginning in the 1980s. It was inspired by individuals who had themselves recovered to the extent that they were able to write about their experiences of coping with symptoms, getting better, and gaining an identity. Recovery also was fueled by longitudinal research uncovering a more positive course for a significant number of patients with severe mental illness. Recovery is variously called a process, an outlook, a vision, or a guiding principle. There is neither a single agreed-upon definition of recovery nor a single way to measure it. The overarching message is that hope and restoration of a meaningful life are possible despite serious mental illness. Instead of focusing primarily on symptom relief, as the medical model dictates, recovery casts a much wider spotlight on restoration of self-esteem, identity, and on attaining meaningful roles in society.

Self-Determination – Self-determination incorporates a set of concepts and values which underscore a core belief that individuals who require support from the public mental health system as a result of a disability should be able to define what they need in terms of the life they seek, should have access to meaningful choices, and control over their lives. Within Michigan's public mental health system, self-determination involves accomplishing major system change which can assure that services and supports for individuals are not only person-centered, but person-defined and person-controlled. Self-determination is based on the following four principles:

- **FREEDOM:** The ability for individuals, with assistance from their allies (chosen family and/or friends), to plan a life based on acquiring necessary supports in desirable ways rather than purchase a program.
- **AUTHORITY:** The assurance for an individual with a disability to control a certain sum of dollars to purchase these supports, with the backing of their allies, as needed.
- **SUPPORT:** The arranging of resources and personnel, both formal and informal, to assist the individual to live their desired life in the community, rich in community associations, and contributions.
- **RESPONSIBILITY:** The acceptance of a valued role by the individual in their community through employment, affiliations, spiritual development, and caring for others, as well as accountability for spending public dollars in ways that are life-enhancing.

A hallmark of self-determination is assuring an individual the opportunity to control a fixed sum of dollars which is derived from the PCP process and called an individual budget. The individual, together with their allies, controls the use of the resources in their individual budget determining themselves which services and supports they will purchase from whom and under what circumstances.

SMI – Severely Mentally Impaired – An impairment manifested through all the following behavioral characteristics:

- Development at a rate approximately four and one-half or more standard deviations below the mean as determined through intellectual assessment,
- Lack of development primarily in the cognitive domain, and
- Impairment of adaptive behavior.

Supported Employment – Competitive work in integrated settings for individuals with the most significant disabilities for whom competitive work has not traditionally occurred or has been interrupted because of a significant disability.

SXI – Severely Multiply Impaired – An impairment determined through the manifestation of either of the following:

1. Development at a rate of two to three standard deviations below the mean and two or more of the following conditions:
 - a hearing impairment so severe that the auditory channel is not the primary means of developing speech and language skills,
 - a visual impairment so severe that the visual channel is not sufficient to guide independent mobility,
 - a physical impairment so severe that activities of daily living cannot be achieved without assistance, and/or
 - a health impairment so severe that the student is medically at risk.
2. Development at a rate of three or more standard deviations below the mean, or students for whom evaluation instruments do not provide a valid measure of cognitive ability, and one or more of the following conditions:
 - a hearing impairment so severe that the auditory channel is not the primary means of developing speech and language skills,
 - a visual impairment so severe that the visual channel is not sufficient to guide independent mobility,
 - a physical impairment so severe that activities of daily living cannot be achieved without assistance, and/or

- a health impairment so severe that the student is medically at risk.

TMI – Trainable Mentally Impaired – An impairment manifested through all the following behavioral characteristics:

1. Development at a rate approximately three to four and one-half standard deviations below the mean as determined through intellectual assessment,
2. Lack of development primarily in the cognitive domain, and
3. Impairment of adaptive behavior

Transition Services – A coordinated set of activities for a student which is designed within an outcome-oriented process and promotes movement from school to post-school activities, including post-secondary education; vocational training; integrated employment including supported employment; continuing and adult education; adult services; independent living; or community participation. The coordinated set of activities shall be based on the student's needs and shall consider the student's preferences and interests, and shall include needed activities in all the following areas:

1. Instruction,
2. Community experiences,
3. Development of employment and other post-school adult living objectives, and
4. If appropriate, acquisition of daily living skills and functional vocational evaluation.

VIII. Resources

Articles and Papers:

Clark, H.B. Transition to Independence Process (TIP): TIP System Development and Operations Manual, Florida Mental Health Institute, University of South Florida, 1998 (Revised)

Clark, H.B. & Foster-Johnson Serving Youth in Transition into Adulthood (pp.533-551) In B.A. Stroul (Ed.), Children's Mental Health: Creating Systems of Care in a Changing Society Baltimore, MD, Paul H. Brookes Publishing Co., Inc. 1996

Dague, Bryan; Van Dusen, Roy; Burns, Wendy Transition: The 10 Year Plan Presentation at the Association for Persons in Supported Employment Conference Chicago, IL July 1999

Deschenes, Nicole; Clark, H.B. Seven Best Practices in Transition Programs for Youth Reaching Today's Youth Summer 1998

Everson, Jane M.; Moon, M. Sherril Transition Services for Young Adults with Severe Disabilities: Defining Professional and Parental Roles and Responsibilities Virginia Commonwealth University Reprinted in September 1987 from the Journal of the Association of Persons with Severe Handicaps (JASH)

Halpern, A.S. Transition: Is It Time for Another Rebottling? Paper presented at the 1999 Annual OSEP Project Director's Meeting Washington D.C. June 1999

Kohler, Paula D. Ph.D. Facilitating Successful Student Transitions from School to Adult Life An analysis of Oklahoma Policy and Systems Support Strategies March 1999

Sale, P.; Metzler, H.D.; Everson, J.M.; Moon, M.S. Quality Indicators of Successful Transition Programs Journal of Vocational Rehabilitation: 1(4): 47-63

Newsletters:

C.E.N. Newsline Eaton Intermediate School District, 1790 East Packard Highway, Charlotte, MI 48813

Networks National Technical Assistance Center for State Mental Health Planning, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314

Special Education Mediation Reporters Michigan Special Education Mediation Program SCAO, 309 N. Washington Square, P.O. Box 30048, Lansing, MI 48909

Transition The College of Education & Human Development Transition Technical Assistance Project, Institute on Community Integration, University of Minnesota, 109 Pattee Hall, 150 Pillsbury Dr. S.E., Minnesota, MN 55455

Transitions Michigan Transition Services Association John Murphy, Charlevoix-Emmet ISD, 08568 Mercer Blvd., Charlevoix, MI 49720

UCP Pathways United Cerebral Palsy Association of Michigan, Inc., 320 N. Washington Sq., Suite #60, Lansing, MI 48933

Websites:

<http://www.ed.wuc.edu/sped/tri/institute.html>

Transition Research Institute at Illinois, NTA Headquarters, 117 Children's Research Center, 51 Gerty Dr., Champaign, IL 61820

<http://www.ici.coled.umn.edu/schooltowork/profiles.html>

School to Work Outreach Project Institute on Community Integration (UAP), University of Minnesota, 111 Pattee Hall, 150 Pillsbury Dr. SE, Minneapolis, MN 55455

<http://www.mde.state.mi.us/off/sped/index.html>

Michigan Department of Education, Office of Special Education and Early Intervention Services, P.O. Box 30008, Lansing, MI 48909

<http://www.nichcy.org>

National Information Center for Children and Youth with Disabilities, P.O. Box 1492, Washington, D.C. 20013-1492

<http://www.vcu.edu/rteweb/facts>

Virginia Commonwealth University, Rehabilitation Research and Training Center on Supported Employment

IX. Authority

Mental Health Code, Act 258 MI, Sec. 330.1208 – Individuals to which service directed; priorities; denial of service prohibited

Mental Health Code, Act 258 MI, Sec.330.1227 – School to Community Transition (1974 & Supp 1996)

Mental Health Code, Act 258 MI, Sec. 330.1712 – Individualized written plan of service (1974 & Am. 1996)