

## Special Education-to-Community Transition Planning Policy

Revised: October 1, 2019

### Statement of Purpose

The purpose of this policy is to underscore the BHDDA/MDHHS's expectation of CMHSPs to support schools with students with disabilities to transition to full community inclusion. Such services are required by the Michigan Mental Health Code Section 330.1227, School-to-Community Transition Services.

*“Each community mental health services program shall participate in the development of school-to-community transition services for individuals with serious mental illness, serious emotional disturbance, or developmental disability. 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, community mental health services programs, or any other agency or organization with respect to individuals described in this section.”*

In other words, this does not usurp the primary responsibility of DOE for school to community transition.

Furthermore; 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 postsecondary education, vocational training, integrated employment including supported employment, continuing and adult education, adult services, independent living, or community participation.”*

Although this policy focuses only on special education to community transition, it is important to note CMHSP responsibilities described in Section 208 of the Mental Health Code:

*“(1) Services provided by a community mental health service program shall be directed to individuals who have a serious mental illness, serious emotional disturbance, or developmental disability.  
(2) Priority shall be given to the provision of services to persons with the most severe forms of serious mental illness, serious emotional disturbance, and developmental disability.”* 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/Homeless youth
- Children with emotional disturbance at risk of expulsion from school
- Youth who “age out” of:
  1. The DSM diagnosis for which they are receiving mental health services; who do not qualify for adult service or criteria for SMI/ID/DD;
  2. Children’s Waiver;
  3. Children’s Special Health Care Services plan;
  4. Foster care placement, making them at risk for being homeless.
- Children/Youth involved in multiple systems – Child Welfare/Juvenile Justice/Substance Use Disorder, etc.

Summary:

The effectiveness of primary and secondary school programming for students with disabilities; inclusive of behavioral health challenges or needs, directly affects services and financial planning of CMHSPs. Schools that best prepare students with disabilities to live, learn, and work in the community and to access generic community services such as transportation and recreation create fewer demands on the adult services system including CMHSPs and foster better community participation and integration for individuals with disabilities. CMHSPs have a responsibility to grow community partnerships and provide information about eligibility requirements, types of services, and the person-centered planning process in the public mental health system to school systems initially and update as needed and to student, parents or legal guardians when requested. It is also important to share options like supported decision making / alternatives to guardianship. Often families/students are unaware of other options and are often advised by school and/or medical personnel to seek guardianship upon turning age 18. MDHHS policy and practice also support maintaining and regaining one's civil rights in supporting self-determination.

Recognizing limited resources and funding for such transition efforts, it is imperative that CMHSPs begin this process as the school identifies those students reaching 16 years of age. The intent of this policy is to:

1. Ensure students and their families are fully informed about CMHSP services and supports in partnership with the school.
2. Maximize young adult outcomes, including participation in employment, access to natural supports, and access to needed adult support services.
3. With the school, identify the number of likely students to be eligible for CMHSP services after the student reaches 18 years of age to allow CMHSPs to anticipate future service needs and ideally lower long-term support costs by assisting the student to smoothly transition into community with as many natural supports as possible.
4. Ensure collaboration between CMHSPs, schools, and other local partners.

CMHSPs should actively participate with schools and other community services providers to effectively braid resources that best assure the student transitions to the community as independently as possible.

\*NOTE: It is allowable to braid resources from community partners to support individuals seeking to obtain, return to competitive employment, or increase their employment objectives. This service can be used concurrently to supplement/complement services to help individuals achieve their desired employment outcomes **as long as there is no duplication of resources for the same service element(s) at the same time.** Documentation is maintained that same service is not presently available under a program funded under WIOA, Section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

It remains imperative that CMHSPs jointly promote:

- Implementing the values of Individuals with Disabilities Education Act (IDEA) with particular focus on community inclusion in the least restrictive environment, keenly focused on vocational exploration, work experiences, and ideally paid work.
- Becoming more knowledgeable of school practices better preparing youth for adult life.

CMHSPs need to ensure that schools, students, families, caregivers, and community partners have basic knowledge of what CMHSPs can provide to youth/adults with disabilities, and eligibility criteria for these services through a family-centered/youth guided process and plan. This information should be distributed to applicable schools and also available on-line.

CMHSPs shall make available the following information through the CMHSP customer services efforts:

1. Values governing public mental health services including:

- a. Recovery
- b. Self-determination
- c. Full community inclusion
- d. Person-centered planning
2. Eligibility criteria:
  - a. Michigan Mental Health Code priority populations
  - b. Specialty behavioral health (including the boundary with the Qualified Health Plans)
  - c. Local service selection guidelines/protocols/etc.
3. Local service array for child, youth, and adult service providers, including contact information at the CMHSP to the school for systemic service-related issues.

**Additionally,** CMHSPs have the responsibility to provide information to appropriate local school administrators about specific conditions which would indicate the likelihood that a student would need assessment and/or service from the CMHSP upon turning 18 years of age including:

- Students classified under the school system as Severe Multiple Impairments (SXI), Severe Cognitive Impairment (SCI), Moderate Cognitive Impairment (MoCI), and/or Mild Cognitive Impairment (MiCI) are generally eligible for CMHSP services.
- Other student classifications would indicate a closer look by CMHSPs to determine eligibility for adult services from the CMHSP.
- The classification of Autism Spectrum Disorder (ASD) covers students with a very broad range of skills and abilities often necessitating further assessment to determine eligibility for CMHSP services.
- Students classified as Emotional Impairment (EI) would have to be assessed for eligibility for adult services from the CMHSP. In the public mental health system, Serious Emotional Disturbance (SED), by definition, ends at the age of 18. Students classified as SED as well as Specific Learning Disabled (SLD) and Physical Impairment (PI) or Otherwise Health Impaired (OHI) would need to be assessed with consent for an appropriate developmental disability or mental illness diagnosis.
- When the legal guardian is considering CMHSP services, the CMHSP will provide a screening and possibly an assessment. CMHSPs will look at factors that include: risk for expulsion from school, need for assistance in multiple life domains, or absence of a stable natural support network.

Essential elements with suggested tracking, activities, and measurement criteria are outlined in the following table:

<b>Essential elements:</b>	<b>Tracking:</b>	<b>Activities:</b>	<b>Measurement Criteria:</b>
Outreach and communication to youth/young adults and family through coordination with local school districts and school staff	Examples could include the following: -Documentation to track completed Annual Training can include: <ul style="list-style-type: none"> <li>• Copy of Event Flyer</li> <li>• Copy of sign-in sheets</li> <li>• Verification from school of</li> </ul>	CMHSP to present at least annually at school or ISD group presentations about potential CMHSP eligibility to youth/young adults, parents, guardians, and school staff at local transition fairs, etc.	Examples could include the following: -One completed training to the local ISD or School District. -Future trainings scheduled with the local ISD and School Districts. -CMHSP is invited to attend IEPs of individuals who are not

	<p><i>completed training</i></p> <p><i>-Provide number of IEP's invited to for FY and then number of IEP's CMH attended.</i></p> <p><i>-Use demographic information at access point asking, "How individual was referred" and report number of individuals who were referred by School/Transition (18-26) for that FY.</i></p>	<p>Following invited attendance at a youth/young adult's IEP – and informing such individual of eligibility criteria for future CMHSP services</p>	<p><i>served and aged 16 and above.</i></p> <p><i>-CMHSP has established contacts with ISD and local schools.</i></p> <p><i>-Collaborative initiatives are developed between the schools and CMHSP.</i></p> <p><i>-CMHSP is able to use data to anticipate future needs of individuals between the ages of 18 and 26.</i></p>
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Data tracked during the fiscal year is to be submitted on an annual basis by December 1<sup>st</sup> following the end of the fiscal year and will be outlined in attachment C6.5.1.1 CMHSP Reporting Requirements.