



State of Illinois  
State Board of Education  
Department of Human Services

# The Status of Transition Services for Secondary Students with Disabilities In Illinois

Interagency Coordinating Council  
2008 - 2009 Annual Report to the Governor and General Assembly

*Mission: Transition Services*



*Destination: Success*



## ILLINOIS INTERAGENCY COORDINATING COUNCIL ON TRANSITION

March 2010

### Illinois Interagency Coordinating Council

Illinois Board of Higher  
Education

Illinois Community College  
Board

Illinois Council on  
Developmental Disabilities

Illinois Department of Children  
and Family Services

Illinois Department of  
Commerce and Economic  
Opportunity

Illinois Department of  
Employment Security

Illinois Department of  
Healthcare & Family Services

### Illinois Department of Human Services

-Division of Developmental  
Disabilities

-Division of Mental Health

-Division of Rehabilitation  
Services

Illinois Department of Juvenile  
Justice

Illinois State Board of  
Education

University of Illinois Division of  
Specialized Care for Children

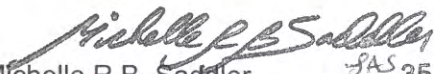
Dear Governor Quinn, Senators, Representatives and Other Interested Parties:

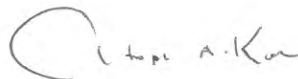
As co-chairs of the Illinois Interagency Coordinating Council on Transition, we are proud to bring you news of accomplishments of the 2008-2009 school year. The agencies represented on the Council are dedicated to working together to lay the foundation for productive, fulfilling lives for all Illinois youth who have disabilities. We recognize that the earlier students begin to focus on their goals for life after high school, the better they are prepared to move from high school graduation to post-secondary education, training and employment.

The emphasis on measuring post-secondary outcomes and results-oriented planning provides us with the motivation and the means to better identify strategies, supports and services that promote improved outcomes for our youth. Raising expectations of students, their parents, employers, and society as a whole is key to the increased success of young adults with disabilities who are moving into the world of post-secondary education, employment, further training opportunities and independent lives in communities across the state.

As we move into the 2009-2010 school year, the Interagency Coordinating Council on Transition member agencies are working to achieve identified goals in the strategic plan. As co-chairs, we are pleased to present the report of last school year's activities and outcomes, including an overview of each of the member agencies and their unique contributions to Illinois' system of transition related services, supports, and resources for youth who have disabilities.

Best Regards,

  
Michelle R.B. Saddler  
Secretary  
Illinois Department of Human Services

  
Christopher A. Koch, Ed.D.  
State Superintendent of Education  
Illinois State Board of Education

The Status of Transition Services for  
Students with Disabilities in Illinois

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## **Introduction**

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### **Identity**

The Interagency Coordinating Council Act established the Illinois Interagency Coordinating Council (IICC) in 1990, 20 ILCS 3970, to facilitate collaboration among state agencies and to improve outcomes for youth with disabilities. The IICC is statutorily mandated to provide an annual written report to the Governor and the General Assembly on its activities for the preceding fiscal year and to include its recommendations for administrative or legislative policies and programs which will enhance the delivery of transition services.

### **Purpose**

The Council is charged with:

1. Gathering and coordinating data on services for transition-age youth with disabilities in transition from school to employment, post-secondary education and training, and community living;
2. Providing information, consultation, and technical assistance to state and local agencies and local school districts involved in the delivery of services to youth with disabilities in transition from secondary school programs to employment and other post-secondary programs;
3. Assisting state and local agencies and school districts, through local transition planning committees, in establishing interagency transition agreements to assure the necessary services for efficient and appropriate transition from school to employment, post-secondary education and training, and community living;
4. Conducting an annual statewide evaluation of student transition outcomes and needs from information collected from local transition planning committees, school districts and other sources; and
5. Providing periodic in-service training to consumers in developing and improving awareness of transition services.

As a focal point for collaboration, the IICC is charged with working in partnership with State and local agencies, local transition planning committees, and local school districts involved in the delivery of services to youth with disabilities in transition from secondary school programs to employment and other post-secondary programs. The continued cultivation of these vital linkages is critical to the council's effectiveness in facilitating needed change in the transition service delivery system.

Legislative changes formally established the IICC's internal leadership, expanded its membership, and broadened its scope. With passage of HB 3192 in 2001, the Secretary of the Illinois Department of Human Services and the State Superintendent of Education were designated as co-chairpersons of the council.

### **General Belief Statement**

The members of the Interagency Coordinating Council (IICC) believe that the transition needs of all students should be met, including the needs of students with disabilities. Furthermore, members believe that it is a shared responsibility of educators and adult service providers to engage students and their families in meaningful transition planning. Members of the Council pledge to work collaboratively in the interest of creating a

comprehensive system of transition services that is seamless, easily accessed, culturally competent, geographically sensitive, and results in desired post-school outcomes. (From *School to Adulthood A Report on Outcomes for Illinois Youth with Disabilities*, March 1997)

Since 1993, the Council has submitted annual reports to the Governor and General Assembly of Illinois on the status of transition services for youth with disabilities. The report herein provides information on the activities of the Illinois Interagency Coordinating Council during 2008-2009 to evaluate and improve outcomes and services for Illinois youth, a review of recent legislation affecting transition services and planning; a review of information from two areas of concern, one for youth with critical healthcare needs, the other for youth with mental health needs, and the Council's recommendations to the Governor and the General Assembly of Illinois for policy and legislative improvements in 2009-2010.

## **Council Membership**

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The membership of the Council is established by statute and includes thirteen (13) state agencies. This statute establishes that the council will be co-chaired by the Illinois Department of Human Services and the Illinois State Board of Education. Member agencies include:

Illinois Board of Higher Education (**IBHE**)

Illinois Community College Board (**ICCB**)

Illinois Council on Developmental Disabilities (**ICDD**)

Illinois Department of Children and Family Services (**DCFS**)

Illinois Department of Commerce and Economic Opportunity (**DCEO**)

Illinois Department of Corrections (**DOC**)

Illinois Department of Employment Security (**IDES**)

Illinois Department of Human Services (**DHS/DDD**)  
Division of Developmental Disabilities

Illinois Department of Human Services (**DHS/DMH**)  
Division of Mental Health

Illinois Department of Human Services (**DHS/DRS**)  
Division of Rehabilitation Services \*

Illinois Healthcare and Family Services (**HFS**)

Illinois Juvenile Justices (formerly DOC)

Illinois State Board of Education (**ISBE**) \*

University of Chicago (**DSCC**)  
Division of Specialized Care for Children

\*Denotes mandated co-chairs

## ***Council Actions and Accomplishments for 2008-2009***

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1. The Illinois Interagency Coordinating Council (IICC) continues to collaborate and meet annually with the Illinois State Advisory Council on the Education of Children with Disabilities (ISAC). To ensure on-going dialogue and collaboration, a liaison from each Council is represented on the other. In June 2008, the Joint Committee, along with other stakeholders convened a workgroup to coordinate statewide initiatives to improve transition outcomes for youth with disabilities.
2. Many members of IICC are members of the ISAC Transition Committee and helped pen a White Paper, *High Expectations, Priority One for Successful Transition*.
3. The Council initiated a Cross Agency Coordination Task Force of state agency representatives to address tenets of HB 1117 to study —~~to~~ implementation of a uniform age by which youth with a developmental disability or mental illness age out of programs administered by those agencies.” The unpublished document contains an examination of ways to improve transition services to individuals diagnosed with a developmental disability or mental illness by studying the current literature on transition and making recommendations to the appropriate agencies and IICC.
4. In May 2007, members of the IICC met to engage in a facilitated planning activity that allowed the group to look at the Council’s successes over the past 17 years, the on-going barriers, a vision for the future and the next steps under priority areas chosen by the Council. The IICC’s continued commitment for the 2008-2009 time period is reflected in the development of work groups based on the Council’s 2008 strategic Plan.
5. The Council continues to provide assistance and support for the Annual Statewide Transition Conference. The 2008 conference attracted over 700 participants including students, family members, educators, health care providers and rehabilitation professionals.

## ***Recommendations to the Governor and General Assembly***

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As a result of identified barriers to successful planning and overall effectiveness of the IICC noted in the strategic and on-going planning, the following recommendations are being submitted for consideration by the Governor and General Assembly:

1. Improve relationships and communication with the Governor’s office and legislative representatives by appointing a Liaison from the Governor’s Office to serve on the IICC.
2. Re-commit mandated state agency leadership to address transition-related issues and improving transition outcomes for youth with disabilities including allocation of adequate staff and financial resources to ensure the continuity of IICC operations.
3. Increase membership of the IICC by expanding state level partnerships to include consumer, family and adult service provider entities and providing financial incentives/reimbursements for two parent/consumer members on IICC.

### **Vision for the Future**

The IICC's vision is to provide Illinois youth with disabilities the supports and services they need to make meaningful choices, live independently, and become productive members of the community. The Council will strive in the coming years to achieve this vision by embracing the following goals:

- Illinois will lead the nation in transition supports for individuals with disabilities and to become a model for its interagency collaboration;
- 100% of students with disabilities graduating from high school achieve their transition goals due to increased life skills, career training, and availability of resources.
- School and community partnerships lead the way in establishing an Illinois Transition Center;
- Support of policy initiatives leads to sufficient funding opportunities;
- Increasing the number of students furthering their education by going to post-secondary training and/or college;
- Consistently increasing numbers of students who are able to find employment upon graduation from high school, training programs and/or college;
- Providing all Illinois citizens with disabilities opportunities for full and meaningful lives in their local communities.

### **Opportunities for Improvement**

- Continue to raise expectations for students to live meaningful, productive lives.
- Increase collaboration, commitment, and support between state agencies to include more active participation on the Council and state agency leadership to fulfill the mission and activities of the Council;
- Increase funding to provide transition related training and technical assistance support to all stakeholders.
- Improve communication by creating a centralized clearinghouse for the dissemination of transition information to and from stakeholders.
- Improve awareness of the Council's activities/accomplishments to all stakeholders.
- Improve data sharing and coordination between agencies by developing a comprehensive data analysis plan to provide a basis for policy recommendations.
- Improve the data collection systems to include the identification of students needing but not currently receiving services.
- Improve relationships with the Governor's office and legislative representatives to make timely and effective policy changes.

## ***Council Immediate Action Steps***

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### **Data Collection and Analysis**

- Convene a focus group to complete a comprehensive review of the data collected by their respective agencies.
- Evaluate data strategies for students transitioning from high school with a focus on quality data and an emphasis on outcomes.

- Conduct trend analysis with the transition data and present this information at least quarterly for the discussion with the IICC.
- Share meaningful data for policy and funding decisions with pertinent partners, including but not limited to legislators, advocacy groups, TPCs, school districts, etc.

### **Public Policy**

- Use information from trend analysis and data collection to develop policy and position statements on key transition issues and make recommendations to key statewide disability advocacy groups and vital partners.
- Partner with others, including state institutions of higher education to formulate public policy recommendations and affect systemic change.

### **Interagency Coordination**

- Promote greater awareness and participation of agency directors relative to IICC priorities; this should include but not be limited to sharing a summary of the trend analysis with agency directors and key policy makers.
- Invite the Governor's Office and the Attorney General's office to become members of the IICC.
- Discuss and plan for the participation of other key stakeholders within the IICC.
- Identify and utilize resources from member and other agencies, to include looking beyond the traditional disability-related boundaries, in order to expand the capacity of effective practices.
- Secure media coverage for successes.

### ***Council Meeting Dates and Minutes***

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Meetings are conducted six times a year through V-Tel audio-conferencing at the Illinois State Board of Education offices in Springfield and Chicago. Meetings are from 1:30 pm until 3:30 pm. The meeting dates are provided below and the approved minutes for the meetings of the Illinois Interagency Coordinating Council can be located at [www.isbe.state.il.us/iicc/](http://www.isbe.state.il.us/iicc/).

- July 23, 2008
- September 23, 2008
- November 13, 2008
- January 23, 2009
- March 26, 2009
- May 21, 2009

## Perspectives

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The Council decides annually upon critical areas to highlight in its report to the Governor and the Legislature. The primary areas of focus for this reporting period are in the provision of transition services for youth who have critical medical needs and for youth with mental health needs.

### **Perspective I: Transition and Youth with Special Healthcare Needs**

The University of Illinois at Chicago, Division of Specialized Care for Children (DSCC) developed a questionnaire for youth/young adults to evaluate services received and knowledge of transition issues. Five hundred randomly selected youth/young adults, ages 14-21 **living in Illinois and served by (or enrolled in) the DSCC Core or Homecare Programs** were sent a survey. Youth and young adults were asked to respond to questions in the following areas: health care transition, helpfulness of other agencies/programs/people or services, student status, employment status, self-care information, future planning for independent living, recreation/social involvement and knowledge of laws.

#### About Youth/Young Adults Surveyed

Five hundred randomly selected youth/young adults, ages 14-21 living in Illinois and served by (or enrolled in) the DSCC Core or Homecare Programs were sent a survey. Respondents were 95 youth and young adults (response rate 19%); 42.9% were females and 54.7% were males (response {N 91}).

#### Results:

##### Age range (N 93)

- 61.3% (57 youth) were ages 14-17
- 38.7% (36 young adults) were ages 18-21.

##### Race/ethnicity (N 94)

- 16% African American
- 60.6% Caucasians
- 2.1% Native American
- 14.9% Hispanic
- 5.3% Asian
- 1.1% Other

##### Student Status (N 93)

- 90.3% were students
  - Fifty-six responding as students were age 14-17 yrs
  - Twenty-eight responding, as students were age 18-21 yrs
- 9.7 % were not students
  - One youth age 14-17 indicated he/she was not a student
  - Eight of the 18-21 year olds responded they were not students
  -

##### Employment (N 93)

- 16.3% were employed
  - Of the employed group 3 (3.3%) were age 14-17
  - 12 (13%) were age 18-21
  - The proportion of the employed older age group was 33.4% (N=36). For the younger age group the proportion employed was 5.4%.
- 82.8% were not employed

Main Disability (respondents (N90)):

- 24.4% Mobility
- 16.7% Health
- 17.8% Hearing
- 23.3% Other
- 7.8 % Learning
- 5.6 % Emotional/behavior
- 2.2% Cognitive
- 2.2% Visual

Summary of Results

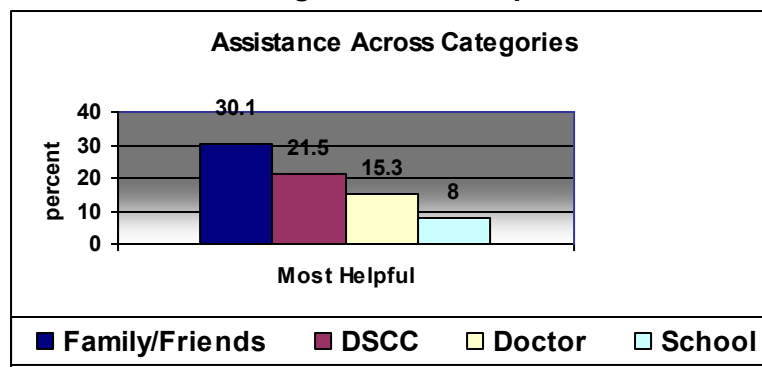
By focusing on strengths, capacities, and opportunities, by creating and supporting the hopes and expectations of youth with special health care needs, and by starting comprehensive transition planning early, we reach toward the best possible future for youth with special health care needs—a future that includes personal life choices and maximum independence. The survey responses demonstrate gains or losses in the following areas:

*Transition to Work and Independence*

- **Resource, Referral and Information:** Preparing youth for their future by providing knowledge about available resources for whatever supports they may need; education about health care options, job training, independent living skills and transportation services are crucial to improving outcomes as they become adults. In planning for adult life, youth were asked to rate 14 agency services or people who might be involved in supporting them. **Community Resources** included: Division of Rehabilitation (DRS), Social Security (SSI, SSDI), Illinois Employment Training Center (IETC), Pre Admission Screening agencies/Division of Developmental Disabilities (DD), Ticket to Work Program and Centers for Independent Living (CIL). **Medical Resources** included: Home Care nursing agencies, DSCC and Managing Physicians. **School Resources** included: College Disabilities Support Services, Special Education/504 Services and General Education School Supports. The aggregate mean value of the 14 services rated, are as follows:
  - **54% indicated Did Not Use** (61% in 2005);
  - 3% Not Helpful (same in 2005);
  - 11% Somewhat Helpful (9% in 2005);
  - 18% Very Helpful (13% in 2005) and
  - 14 % Most Helpful (same in 2005).

Family and friends are the most helpful in supporting them in planning for adult life. The results continue to indicate community service agencies offering transition related services **are not** being used by many of the youth/young adults surveyed. (See Figure I.)

**Figure I: Most Helpful**



- **Self-Advocacy:** Building self-advocacy skills is an important part of the transition process and knowledge of the laws that protect the rights of individuals with disabilities can help build self-advocacy skills. Less than half of the transition age respondents are knowledgeable of laws such as the American with Disabilities Act (ADA), Individuals with Disabilities Education Act (IDEA) and Section 504, Fair Housing Law, and HIPAA. (See Table I.)

DSCC care coordinators are encouraged to assist youth and families: to increase youth’s self-advocacy skills by having the youth speak up and participate in planning for services and supports at IEP meetings, to increase youth’s direct communication with physicians and care coordinators.

**Table I: Knowledge of Laws**

Age		Knows ADA/IDEA Laws	
		Yes	No
14 – 17	Count	19	38
	% within Age	33.3%	66.7%
18 – 21	Count	14	22
	% within Age	38.9%	61.1%

Over the last five years the 14-17 age group continues to imply they are more informed as compared to 19.4% in 2002. Our survey results demonstrate the opposite for the older age group in that there was a slight decrease in 2005 down to 44% as compared to 52% in 2002 and now in 2007 down to 38.9 %.

- **Independent Living:** Results signify that nearly half of the respondents received help on how to become more independent in self-care activities; and half are helping to plan and prepare meals; more than half of respondents request accommodations and support needed at school or work. See the following for actual results:
  - Self-Care: 52.2% indicated they did not receive help on how to become more independent in self-care activities.
  - Request Accommodation: When asked do you request and get the accommodation and support you need at school or work, 67.4% of respondents (N=89) indicated they do. Self-advocacy is an important skill in becoming more independent and prepared for adult systems including health care, employment, education and independent living.
  - Meal Preparation: Another independent living skill is the ability to prepare meals. According to survey results only half, 50.5%, of transition age youth/young adults are helping to plan and prepare meals.
- **Future Living Arrangement:** The majority of respondents as adults plan to live with their parents (52.8% of respondents age 14-17 and 62.8% of respondents age 18-21). Forty-five point three percent of the younger age group and 31.4% of the older age group have indicated they have a goal to live independently by themselves, in a dorm or a group home. This can indicate that for many youth, setting goals for independent living, and receiving supports to make this a reality are not occurring. (See Figure II and Figure III.)

Figure II: All Ages- Plan to Live

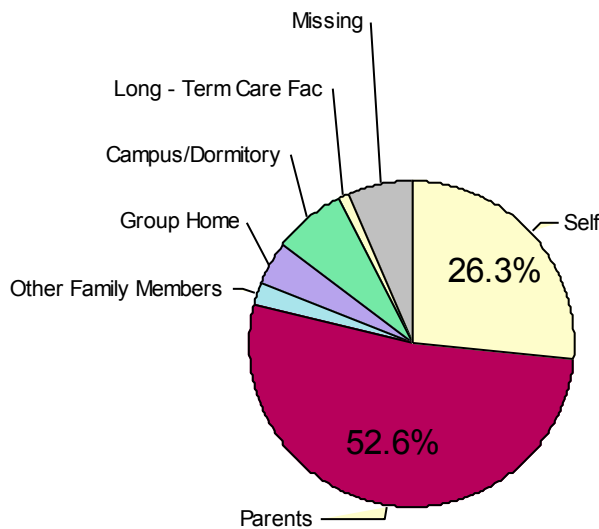
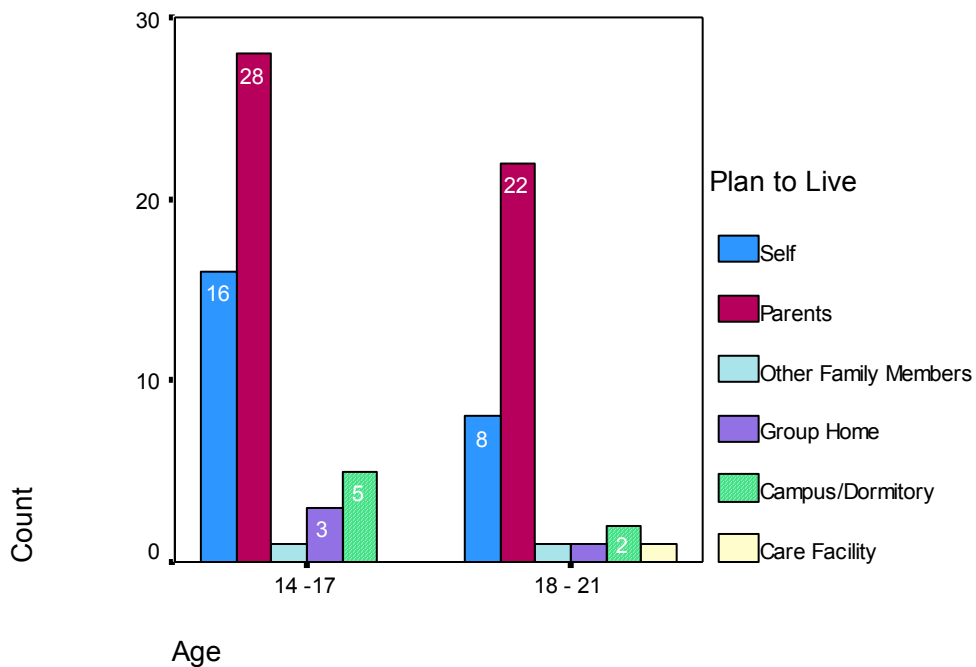


Figure III: Living Arrangements



- Community integration/community involvement:** Youth and young adults were asked two questions in regard to participation in clubs and activities. The first question asked if participation occurred and the second question asked in how many activities or clubs did they participate. The results indicate a higher participation in clubs and community activities for the older age group than previously surveyed. Planning efforts focused on encouraging and linking youth/young adults to community activities has been emphasized through regional office technical assistance site visits. Encouraging young adults to continue involvement in community activities such as

Transition Planning Committees, advisory groups, leadership forums, leisure and social activities can help decrease social isolation as an adult.

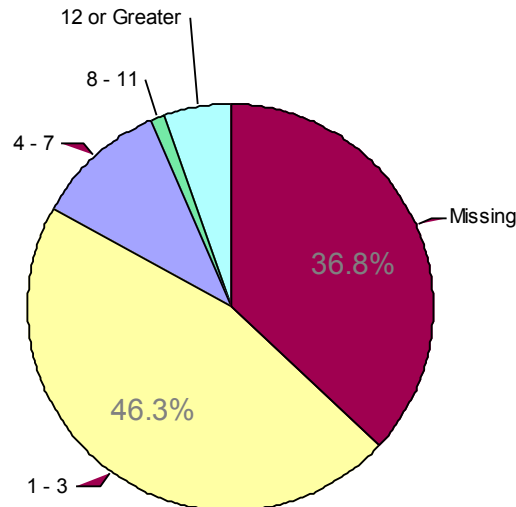
Responses demonstrate a slight decrease in participation of the younger age group when comparing to 2005 where 64% participated and increase of the older age group participation as compared to 44% in 2005. Community participation in 2002 was similar to that of 2005. Older youth/young adult respondents appear to be more active in clubs, games, groups, sports and community events than their previous peers surveyed. The majority of respondents participated in three or fewer activities or clubs. Many respondents, 36.8%, chose not to indicate the number of activities/clubs (N=59) as illustrated by “missing” in figure XI. Two respondents checking “no” in the preceding question on participation did answer the second part of the question. (See Table II and Figure IV.)

**Table II: Participation in Clubs & Activities**

	Yes	Percent	No	Percent	Total	Percent
Age 14 - 17	33	58%	24	42%	57	100.0%
Age 18 - 21	24	69%	11	31%	35	100.0%

**Figure IV: Participation in Clubs & Activities**

Participation Number of Clubs & Activities



*Transition to Adult Health Care*

- Health Care Skills:** Survey results indicate a slight increase in the percentage of respondents attaining skills related to medication knowledge, and knowing the name of their insurance coverage. Over half of the respondents are ordering their own medical supplies before they run out; less than half are completing medical history forms at the doctor’s office and signing medical consent forms for assenting/consenting to health care.

- **Roles and Responsibilities:** Preparing to become an adult requires changes in roles and responsibilities along with increased knowledge and skill development to coordinate and maximize health care benefits. Respondents continue to report little to no shift in roles/responsibilities for health care management. More than half of the respondents have not received help on how to become more independent in self-care activities. An overwhelming majority of respondents indicated their parents are the ones making contact with DSCC care coordinators. Parents should be made aware that with their child's increasing personal responsibility and self-reliance, roles of the parent and family would need to be redefined to allow for independence. Adolescents must become self-motivated and learn self-determination skills to become equal partners in their own care.

Young adults with certain complex health needs/disabilities are now living into adulthood and need adult medical care and other adult services. To help these youth be prepared to become adults it is important to: teach them about available resources to help them with any support they may need; teach them about health care choices and health care management; provide job training; help them learn independent living skills; teach them how to plan for and access transportation to get to work, the doctor's office, and take part in their community.

Transition planning is an important part of DSCC care coordination services for youth. With families as partners, we can start comprehensive transition planning early to build a future and create and support the hopes and expectations of youth with special health care needs.

## Voices of and About Youth

**Jordan Bopes states, "I am: determined, a student, a choir member, a friend, a son, and a budding graphic designer."**

*Every once in a while there's a customer that stands out, a customer who is "willing to go beyond him or herself." That is **Jordan Bopes**. **Jordan** was born with arthrogryposis, which is a rare congenital disorder characterized by multiple limb anomalies, hypotonia and hyperreflexia involving all four extremities. As a very young child, he underwent multiple medical procedures, including correction of his club feet and casting of his neck to correct torticollis (an abnormal head position turn). He began to receive services through the **DRS Home Services Program (HSP)** when he was almost three.*

*Nothing has kept **Jordan** down. HSP Counselor Susann Whitney states, "From the first time I met Jordan, he was a happy child." She goes on to note that he had congenital above-elbow amputation of the right arm, very little use of his left arm and hand, and could not straighten his legs or bear weight...but he kept going.*

***Jordan** graduated from high school in May of 2009. With the help and guidance of his vocational rehabilitation counselor, he is attending the local community college majoring in Graphic Design. He plans on then transferring to Northern Illinois University to complete his bachelor's degree.*

*What does the future hold for **Jordan Bopes**? If his life thus far is any indication of the determination and drive of this young man, we can certainly surmise, "the sky's the limit."*

*Quotes: "**Jordan's** family has been very supportive and have allowed him to grow and develop without ever holding him back. This is a wonderful young man who is going to do whatever he sets his mind to." Susann Whitney*

*"I feel privileged to have been given the opportunity to serve **Jordan** in the Vocational Rehabilitation program. Jordan was highly successful in high school, and I expect that his*

success will continue into his college years and beyond. I wish him luck in all of his endeavors and look forward to assisting him on his journey.” Rachel Johnson

**Drake Williams states: “I am: a student, an athlete, and an employee.”**

Focused, respectful, reliable, a worker with outstanding character, eager to learn accurately describes Illinois School for the Deaf (ISD) senior **Drake Williams**. In addition to his academic schedule and participation on the football, basketball and track teams, he is also involved in the School-To-Work Program which gives students a more in-depth view of the world of work, helps them identify specific occupational skills, and eases the transition from school to work. His employer states, “**Drake** is efficient and has a great attitude.” Both on and off the athletic field, **Drake** has proven that he can balance extracurricular activities, employment, and schoolwork with honor, respect and admiration from his peers, coaches, teachers, and employees.

**Michele Lee, “I am... a Treasury Analyst, a painter.”**

“Seen any good movies lately or read any good books? Let me know. I am an avid reader and love to go to movies and plays. Have you seen *Mama Mia*? It’s my favorite,” says **Michele Lee**. “I enjoy dining out with friends, trying new restaurants and discovering new wines. I am an active member of my church and part of the Young Adult Leadership Team; people look to me for inspiration. I’m also a painter who has had work showcased.”

All of the above describe Michele well; however, there is much more to this tenacious young woman. She is a peer mentor at the Rehabilitation Institute of Chicago where she counsels spinal cord injury patients, and she lives in Chicago near the lakefront and thereby has easy access to Millennium Park and the Art Institute where she admits to love to spend time.

Through her work with VR Counselor Cheryl Eisner, **Michele** completed a degree in Marketing and Communications and is employed as a treasury analyst with the Aon Corporation. This resourceful, positive young woman is now entertaining the thought of going to graduate school to further her career. And, by the way, **Michele** just happens to have a disability. She has no sensory or motor function in her legs and very little function in her arms and hands. Her attitude about her life... “nothing is going to stop me.”

Stories used with permission from Illinois Department of Human Services Division of Rehabilitation Services, 2009 Annual Report

## **Perspective II: A Difficult Passage - Youth with Mental Health Needs and Their Transition to Becoming Adults**

By way of its Illinois Mental Health Planning and Advisory Council (IMHPAC), the Illinois Department of Human Services, Division of Mental Health has a Statewide Child and Adolescent Transition Services Work Group that provides recommendations relevant to policy, program development and service implementation. An ad hoc committee of that work group, System Integration and Development, produced a —White Paper” that documents local, statewide, and national systemic issues for youth transitioning to adulthood. The following is a summary of that White Paper.

### Introduction

There is a growing interest in many Illinois communities in developing comprehensive approaches and enhanced services for transition-age youth and young adults with mental health problems. The state of Illinois has various programs to address the needs of youth and young adults, however they are currently operating as separate entities and there is a need for systems coordination. It is the hope of the

Statewide Child and Adolescent Transition Services Work Group to energize the state to focus on leadership and funding, thereby initiating a process that will result in a system of improved policy and practice to meet the needs of these youth and young adults. Ardent strategic planning is needed to develop plans of action, to develop public policies, and to establish recommendations on transition related issues that can be presented to the Governor, the General Assembly and key advocacy groups in hopes that action will be taken. This —White Paper” provides an introductory presentation to the barriers and challenges facing youth with mental health problems in Illinois who are transitioning to adulthood. Hopefully, this —White Paper” will stimulate discussion and lead to solutions and better pathways for youth transitioning to adulthood to access care because of their mental health problems.

### Problems/Needs Statement

For many youth and young adults, the time between the ages of 14 to 25 can be a series of accomplishments and hopes, ushering in the start of advanced education or a career. The interpersonal skills and sound judgments most needed during young adulthood are precisely those skills that can be impaired by a serious mental illness. Moreover, the severity of mental illness can vary over time, and experiencing severe episodes during this transition period can derail young adults from completing school or beginning a career. When youth with serious mental illness do not successfully transition to adulthood, the results can be economic hardships, social isolation, homelessness and in some cases suicide, all of which can pose substantial costs to society (2008 GAO Report: Young Adults with Serious Mental Illness).

Youth and young adults with serious mental illness face several challenges, including finding services tailored to their specific needs, qualifying for adult programs that provide access to mental health services, and navigating multiple programs and delivery systems. Existing public mental health, employment, and housing programs are not necessarily tailored to their mental disability or age range, which may discourage these young people from participating. When trying to access mental health services, those who received free or low-cost services as children may not qualify for them as adults. According to the National Council on State Legislatures, states' clinical criteria for receiving public mental health services are generally narrower for adults than for children.

Youth and young adults with mental health problems move from one fragmented and disorganized patchwork of agencies and funding streams into another. The conventional policies and practices differ enormously from the vision of an integrated, comprehensive, uncomplicated, and consumer-responsive system.

Broadly speaking, mental health problems affecting those transitioning to adulthood are similar to those of people in other phases of the lifespan. The problems are generally ones of behavior, thought, mood or a combination of these types. These three categories are distinct from one another in terms of a) referral source, b) signs and symptoms, c) levels of associated subjective distress, d) degree of impairment, e) prognosis, and f) treatment. Consequently a —differentiated approach” is needed if these categorically distinct types of problems are being addressed effectively.

### Recommendations

For youth with mental health problems moving into adulthood is not always an easy passage. The transition process is made much more difficult by the complexity of both the problems themselves and the systemic responses that they engender.

The population of focus of transition services should be youth and young adults from age 14 to 25 who have involvement in the mental health system due to serious mental conditions. The traditional cut-off point of 18 years of age has been identified as largely artificial and, in fact, as a central obstacle to providing adequate services for mental health consumers with transitional needs due to their specific

developmental state. The development of any individual does not strictly follow prescribed timelines and no one turns into a different person on his or her 18<sup>th</sup> birthday.

Efforts should be made to develop what they call —“caring communities.” These communities become caring networks that assist the individual through their struggles at different sub clinical levels. They help individuals adapt to the changing need levels for people whose problems will ebb and flow. They help to serve as the foundation on which to build permanent habilitation and other assistance for people.

**Development of caring communities will lead to therapeutic services that are more intensive than background support. These services should be multi-systemic and involve families. Engagement of families should happen early because they can assume and maintain a central role in meeting ongoing needs. Where there are no families, family like structures should be developed as alternatives.**

Every effort should be made to maintain fidelity to normative principles guiding how youth and their families are treated. This means at a minimum treating youth in transition and their families as persons and, in so doing, protecting them from exploitation and discrimination and promoting their social inclusion.

Leadership is needed to develop comprehensive system of transitional services for youth and young adults with severe mental health issues.. At the center of building this system should be a “**Bureau of Transitional Services**” under the umbrella of the DHS Statewide Child and Adolescent Services. The Bureau should employ “**Transition Specialists**” in each DHS region, have authority to talk to Child and Adolescent Services (C & A) providers alike and be charged with multiple, not necessarily discrete functions.

At a minimum, an Illinois transitional services program needs to target educational supports, vocational linkage & support, linkage to housing, housing support, vocational service, life skill training, and developmentally appropriate mental health services to promote recovery and youth and family participation in service delivery and planning.

### Conclusion

Transitioning youth with mental health needs is a continuing global issue. This white paper challenges the state’s authorities to begin focus on data driven research related to transition services and to provide the leadership and resources to assist affected youth and families in the challenging process of transition to adulthood. As previously stated, at a minimum, an Illinois transitional services program needs to target educational supports, vocational linkage & support, linkage to housing, housing support, vocational service, life skill training, and developmentally appropriate mental health services to promote recovery and youth and family participation in service delivery and planning.

## ***Member Agencies' Reports***

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Each year, member agencies provide an update of activities, accomplishments or challenges in prime transition areas. In this year's report, they provided first a synopsis of major activities, new ventures, grants, projects, directives, etc. for the period July 1, 2008 through June 1, 2009. Agency updates provide descriptions of activities performed in applicable transition areas, such as:

- Education
- Employment
- Post-Secondary Education
- Post-Secondary Training (work skills, social skills, self-advocacy skills, health/medical management skills, etc.)
- Rehabilitation Services
- Transportation
- Housing
- Advocacy

**The following pages will provide a recap of each reporting agency's transition initiatives and accomplishments.**

**Agency Name: Illinois Community College Board**  
**Agency Website Address: [www.iccb.org](http://www.iccb.org)**

**Director Name: Mr. Geoff Obrzut**  
**Contact Person/Designee: Ms. Andrea Berryman**  
**Phone Number: 217-785-0028**  
**Fax Number: 217-785-0090**

**Synopsis of major activities, new ventures, grants, projects, directives, etc. for the year July 1, 2008 through June 30, 2009:**

This has been a challenging year for community colleges. The downturn of the economy has meant a 10 percent increase in enrollment resulting in constraints on faculty, space, and services. Adding to the challenge is the lack of funding needed to accommodate the influx.

However, the diminished economy has also brought new legislation that affects transition for students with disabilities. President Obama has created the American Graduation Initiative (AGI) and recognized community colleges as the central role in closing the gap between college access and completion especially for low-income, minority, and at risk students. With the reauthorization of the Higher Education Act, more provisions for students with disabilities have been included. These two initiatives have had a great impact on community colleges and resulted in reform efforts. Several areas of reform are occurring in student support services, work force development programs, and transfer agreements to increase completion rates.

Colleges recognize the need to develop more high-quality online courses and the need for faculty members and student services to provide wrap-around support services to ensure that students succeed. One of the most needed efforts and one that will have significant impact for transition is collecting data that will track students' academic performance.

More students with disabilities are seeking post-secondary education, and more are looking to community colleges to achieve educational success. These new reforms will place students with disabilities in a prime position for seamless transition. Primary areas of focus will include:

- Improve infrastructure and college completion rates
- Strengthen the pipeline from secondary to post-secondary education
  - administer college placement tests during
  - sophomore and junior years of high school
  - offer dual credit
- Provide clearer guidance and pathways for students
  - establish learning and success centers
  - promote concepts of Universal Design
- Accelerate strategies for remedial students
- Align resources to support student success
  - more support systems that include orientations,
  - early warning systems, and well organized tutoring
- Collaborate with other initiatives and agencies to promote transition
  - P20 Initiative
  - Disabilities Advisory Committee
  - Interagency Coordinating Council
  - Career and Technical Education Programs
  - Transition Planning Committees
    - New Look Project
- Strengthen performance measures and data systems

Transition Topic Areas	Description
<b>Education</b>	<ul style="list-style-type: none"> <li>• Counseling – Academic and Personal</li> <li>• Education counseling available for students with special learning needs that include <ul style="list-style-type: none"> <li>○ Assistive technology</li> <li>○ Specialized Testing/Assessments</li> </ul> </li> </ul>
<b>Employment</b>	<ul style="list-style-type: none"> <li>• Career options and planning available through career counselors.</li> <li>• Several programs focus on specialized training for employment such as: <ol style="list-style-type: none"> <li>1. Cooperative Education</li> <li>2. Bridge Program or Shifting Gears Program</li> <li>3. Career and Technical Education</li> <li>4. Green Educational and Training</li> </ol> </li> <li>• Numerous job search tools are offered with access to job postings, resume writing and job fairs.</li> </ul>
<b>Post-Secondary Education</b>	<ul style="list-style-type: none"> <li>• Services available to students as they prepare to transition into college. <ol style="list-style-type: none"> <li>4. College placement tests</li> <li>5. Counseling</li> <li>6. Financial aid</li> <li>7. Orientation</li> <li>8. Special needs services</li> <li>9. Learning resources</li> <li>10. Tutoring</li> <li>11. Health services</li> <li>12. Support Services</li> <li>13. Online and web blended classes</li> </ol> </li> <li>• Degrees <ol style="list-style-type: none"> <li>1. A.A. (Associate in Arts)</li> <li>2. A.S. (Associate in Science)</li> <li>3. A.A.S. (Associate in Applied Science)</li> </ol> </li> <li>• Students may also enter into certification and occupational programs if a degree is not desired.</li> </ul>

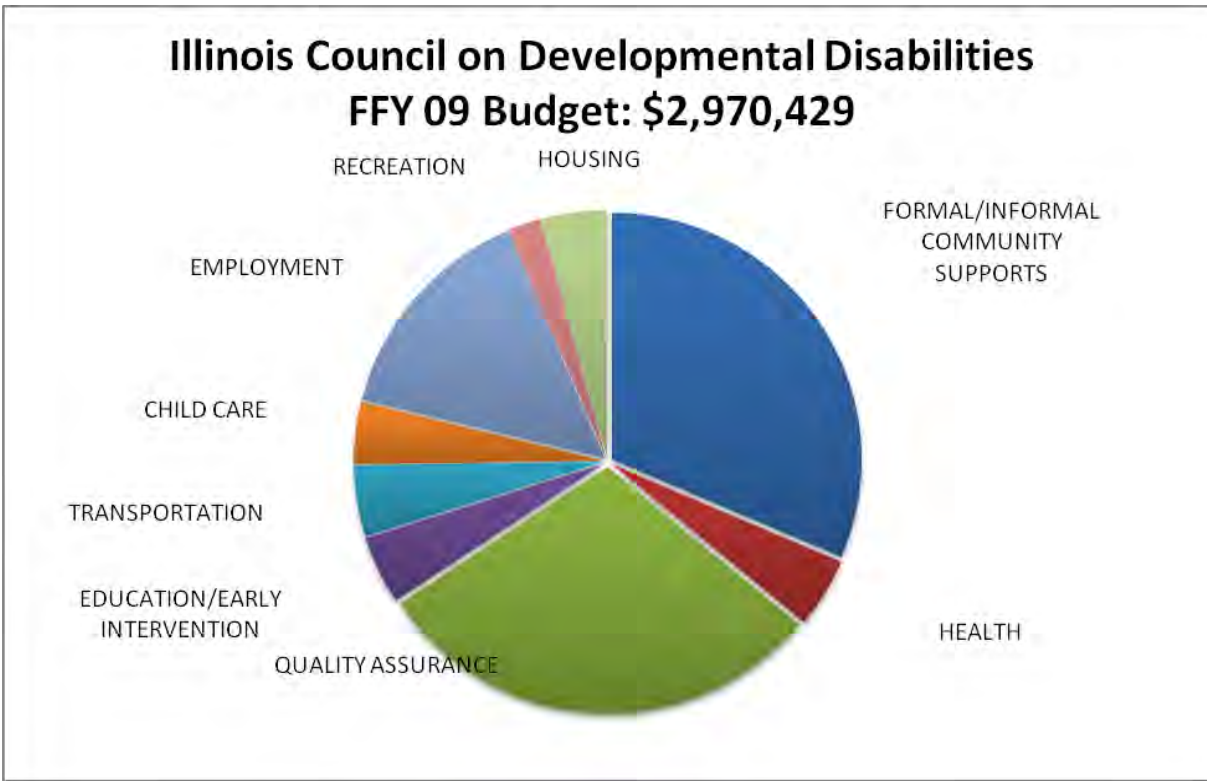
<p><b>Post-Secondary Training (work skills, social skills, self-advocacy skills, health/medical skills, etc.)</b></p>	<ul style="list-style-type: none"> <li>• Several programs and courses include           <ol style="list-style-type: none"> <li>1. Life/soft</li> <li>2. Work</li> <li>3. Self-enhancement</li> <li>4. Health skills</li> </ol> </li> <li>• Referrals to outside resources are available.</li> </ul>
<p><b>Rehabilitation Services</b></p>	<ul style="list-style-type: none"> <li>• Colleges follow the mandates according to the Americans with Disabilities Act (ADA).</li> <li>• Referrals for direct rehabilitations services are available.</li> </ul>
<p><b>Housing</b></p>	<ul style="list-style-type: none"> <li>• Only a minimum of community colleges offer housing.</li> </ul>
<p><b>Advocacy Services</b></p>	<ul style="list-style-type: none"> <li>• Colleges are connected to community, institutional and agency resources for referral.</li> </ul>

**Agency Name: Illinois Council on Developmental Disabilities**  
**Website Address: [www.state.il.us/agency/icdd](http://www.state.il.us/agency/icdd)**

**Director Name: Sheila Romano, Ed.D.**  
**Contact Person: Margaret Harkness**  
**Phone Number: 312-814-2080**  
**Fax Number: 312-814-7141**

**Synopsis of major activities, new ventures, grants, projects, directives, etc. for the year July 1, 2008 through June 1, 2009:**

Illinois Council on Developmental Disabilities (ICDD) continues work related to its mission of systems change to lead change in Illinois so all people with developmental disabilities exercise their right to equal opportunity and freedom. Through advocacy and investment initiatives, ICDD seeks to achieve its goals set for all life areas so individuals with developmental disabilities can live the life they choose and be connected with their communities. Initiatives are underway in customized employment in rural parts of Illinois and in youth leadership. Additionally, ICDD in partnership with the Illinois Community College Board has convened a Roundtable of agencies and boards to seek ways to increase opportunities for postsecondary education of students with intellectual disabilities. Joint planning began to host a summit for college and university administrators.



Transition Topic Areas	Description
<p><b>Employment</b></p>	<p>A project bringing expertise in customized employment to vocational service providers assisted 4 rural communities in developing employment for individuals with a range of developmental disabilities. New partnerships developed regionally with the Div. of Rehabilitation Services, Transition Planning Committees and others. Vocational providers learned of various funding streams and how to braid them to meet the support needs of an individual. Phase two for this project will expand training regionally and specifically reach out to school districts so that students will exit school with a job and already be linked to other providers for job support if needed.</p> <p>ICDD's employment projects resulted in 52 people of all ages who have a developmental disability becoming employed in competitive jobs at prevailing wages.</p>
<p><b>Post-Secondary Education</b></p>	<p>ICDD, ICCB, IBHE, DHS-DRS, and ISBE met as a Roundtable group to learn about opportunities to come through the federal Reauthorization of the Higher Education Act and to explore how to increase inclusive postsecondary education opportunities in Illinois. Plans are underway to host a summit for college and university administrators in March 2010. National experts will educate invitees on opportunities from the Higher Ed. Act and on new programs being developed nationwide.</p>
<p><b>Advocacy Services</b></p>	<p>ICDD supported a grass roots movement by self-advocate groups to coordinate their efforts. As a result, there are now 10 separate advocacy groups united in their work as <i>The Self-Advocacy Alliance for Change</i>. Statewide meetings and discussions are taking place with assistance from —Alliance” peer leaders and a support coordinator.</p> <p>ICDD invested in two projects to increase self-advocacy by transition age students. In the <i>LaGrange Area Special Ed. District</i>, Self Advocacy Summer Academies were held in 2008 and 2009. During the 08-09 school year, peer advocates met with the 46 academy participants to support them in achieving the goals each set for themselves during the academy. Project materials will be available at <a href="http://www.state.il.us/agency/icdd">www.state.il.us/agency/icdd</a>.</p> <p>Through an investment with Northern Illinois University, thirty students from <i>Indian Prairie School District #204</i> were assisted in preparing multimedia presentations for their IEP meetings to allow them to take the lead in designing their education to support their dreams. Northern Illinois University pre-service teachers worked with youth and teachers, enhancing their own preparation to teach in schools that incorporate practices to empower students.</p>
<p><b>Other</b></p>	<p>ICDD released a <i>Blueprint for System Redesign</i> in February 2008. The <i>Blueprint</i> is a concrete system redesign action plan for reducing Illinois' over reliance on serving people with</p>

	<p>developmental disabilities in large congregate care facilities and increasing access to quality supports in the community. Legislation was introduced in the spring 2009 session and House Joint Resolution 28 and Senate Joint Resolution 30 passed. The DHS-Div. of Developmental Disabilities is to develop a 7 year plan with benchmarks to reallocate resources into needed community services and resources.</p>
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**Agency Name: Illinois Department of Commerce and Economic Opportunity (DCEO)**  
**Agency Website Address: [www.commerce.state.il.us/dceo](http://www.commerce.state.il.us/dceo)**

**Director Name: Warren Ribley**  
**Contact Person/Designee: Bill Sinwell**  
**Member: Lisa Jones**  
**Phone Number: 312-814-8418**  
**Fax Number: 312-814-0999**

**Synopsis of major activities, new ventures, grants, projects, directives, etc. for the year July 1, 2008 through June 1, 2009:**

The Department of Commerce and Economic Opportunity (DCEO), Bureau of Workforce Development is committed to promoting a vision that emphasizes a demand-driven workforce system that focuses on the needs of Illinois' citizens by giving them the training and tools needed to thrive in the competitive global economy. This commitment is realized through a system that focuses on local training needs for demand occupations that result in self-sufficient employment and one that promotes a comprehensive approach to workforce services through increased access to technology.

DCEO uses a wide range of innovative regional approaches to administer economic and workforce development programs, services, and initiatives through its partnerships with 26 Local Workforce Investment Areas (LWIAs), other state agencies and community based organizations. Through the local structure, the Bureau works with the LWIAs and their respective Illinois workNet Centers to identify or assess employability skills of youths, adults, and dislocated workers who are eligible for assistance under the Workforce Investment Act (WIA). Once identified, job placement and training services for identified sectors of growing employment are provided as appropriate.

Registered applicants served through the Title 1B local programs are as follows:

- Adults - 119,586;
- Dislocated Workers - 15,982;
- Youths - 10,758 of which 3,014 had a disability.

The total cost for all Youth Programs during this period was \$ 35,292,167, or 28.6% of the total Workforce budget for the period.

Transition Topic Areas	Description
<p><b>Education</b></p>	<p>Through its <b>disabilityworks</b> initiative, DCEO is Collaborating with the Metro Chicago Healthcare Council (MCHC) to expand and improve healthcare secondary/post-secondary education on programs to include people with disabilities by identifying model programs in the state that can increase participation and success in secondary and postsecondary inclusive health science career programs, and developing a model program that can be pilot-tested to healthcare education programs in the Northeast and Southern Regions through MCHC.</p>

<p><b>Employment</b></p>	<p>DCEO partners with 26 LWIAs, IDES and other state agencies, <b>disabilityworks</b>, businesses, civic organizations, universities, as well as 47 Comprehensive Illinois <b>workNet</b> Centers, 74 Affiliate Centers and 566 additional sites that include libraries, community-based organizations, faith-based groups, education entities, and social service agencies where job-seekers can access <b>Illinois workNet</b> connections and other employment-related resources and services.</p>
<p><b>Post-Secondary Training (work skills, social skills, self-advocacy skills, health/medical skills, etc.)</b></p>	<p>Through its partnerships at the state and local level, DCEO works with Community Colleges, contracted training providers, and other community or state agencies to enhance work skills, improve self-advocacy, social skills, or training in high demand occupations such as healthcare and manufacturing jobs. In PY 2008, a state-approved Bridge Definition was developed which lays the foundation for creating bridge programs for low-income and low-skilled adults among a variety of entities, including community colleges, adult education providers, local workforce investment areas and community-based organizations. Within the community college system, bridge program development and implementation requires coordination among workforce development, career and technical education and adult education. Bridge pilots have included manufacturing, healthcare, and transportation, distribution and logistics in keeping with the state's overall strategy. Bridge program, policy and data work will continue over the next two years to embed and implement bridge programs and policy among the various entities listed above.</p>
<p><b>Transportation</b></p>	<p>Transportation is one of several authorized support services the WIA Program provides to eligible participants. The implementation of these services may vary in respective workforce development areas. Strategies developed to suit local needs may include local transportation, minor automobile repairs, childcare, books, educational tools, uniforms, special equipment, and tutorial services. A primary goal of <b>Illinois workNet</b> is to facilitate online access to its programs and services, especially where the lack of affordable and accessible transportation has been a significant barrier.</p>
<p><b>Advocacy Services</b></p>	<p>DCEO has created partnerships with numerous youth and disability advocacy groups and organizations to ensure that qualified people with disabilities have access to DCEO and WIA programs.</p>
<p><b>Other</b></p>	<p>DCEO supports the Illinois Interagency Coordinating Council by providing staff support and a stipend to the Annual Transition Conference.</p>

**Agency Name: Illinois Department of Economic Security**  
**Agency Website Address: [www.ides.state.il.us](http://www.ides.state.il.us)**

**Director Name: Maureen T. O'Donnell**  
**Contact Person/Designee: Mitch D. Daniels      Member: Lola Lucas**  
**Phone Number: 217- 785-2647**  
**Fax Number: 217-785-5108**

**Synopsis of major activities, new ventures, grants, projects, directives, etc. for the year July 1, 2008 through June 1, 2009:**

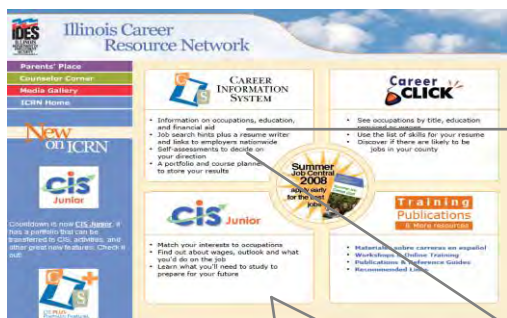
- Services to individuals with disabilities SFY 2008: 13,950
- Number who entered employment: 4,384

IDES produces the Career Information System (CIS) for teens and adults as well as CIS Junior for middle school children. These Internet systems are provided at no charge to all Illinois citizens. They have information on schools, colleges, financial aid, occupations and job search. The Recommended Links section of CIS includes "Accessibility Issues in Careers" with materials specifically for disabled job seekers. CIS' Occupation Sort and SKILLS can provide lists of occupations, which match physical and cognitive abilities. CIS has a text-only option.

Both CIS and CIS Junior include Reality Check, a colorful and fun way to explore living independently and whether selected occupations' salaries will support students' lifestyle choices for housing, transportation, etc. See [www.ILWorkInfo.com/icrn](http://www.ILWorkInfo.com/icrn)

Transition Topic Areas	Description
<p><b>Education</b></p>	<p><b>HIRE THE FUTURE</b></p> <p>IDES participates with school counselors and a number of major corporations to provide employment for youth through the Hire-The-Future Program. Its goals are to:</p> <ul style="list-style-type: none"> <li>• Encourage youth to stay in school and then aspire to future careers in higher level professional and growth-oriented occupations;</li> <li>• Introduce career opportunities that students may not be aware of;</li> <li>• Provide web-based career resources, youth employment summits, scholarships, internships, and workshops that assist in interviewing techniques, resume writing, and job search techniques.</li> </ul> <p>IDES offers these services in the City of Chicago and eight cities across Illinois. As of January 2009, 80 public and private schools were participants in the Chicago program.</p> <p><a href="http://www.ides.state.il.us/employment/hire_the_future.asp">http://www.ides.state.il.us/employment/hire_the_future.asp</a></p>
<p><b>Employment</b></p>	<p>Job ready individuals with disabilities registered in Illinois Skills Match (ISM) receive consideration for openings in the job matching process. (ISM is in compliance with the World Wide Web Consortium requirements for sites accessible to the visually impaired.) For those</p>

	<p>who require additional assistance, employment counseling through DRS and Illinois WorkNet helps clients overcome barriers to employment.</p> <p><a href="http://www.illinoisworknet.com">http://www.illinoisworknet.com</a> and <a href="http://www.illinoisworknet.com">http://www.illinoisworknet.com</a></p>
<p><b>Post-Secondary Education</b></p>	<p>CIS provides annually updated information on all post-secondary schools certified by the State of Illinois plus listings of two-year, four-year and graduate institutions throughout the United States. The —My CIS Portfolio” section can store data on classes taken and/or planned from 9<sup>th</sup> grade to the senior year of college.</p> <p>Both Illinois and National School files’ Services &amp; Activities topic have sections on —Services for Students with Disabilities.” These cover building access, housing, parking, tutors, readers, interpreters, registration assistance, etc. <a href="http://www.ilworkinfo.com/icrn.htm">http://www.ilworkinfo.com/icrn.htm</a></p>
<p><b>Post-Secondary Training (work skills, social skills, self-advocacy skills, health/medical skills, etc.)</b></p>	<p>CIS has information on apprenticeships, job search, and <i>Keep That Job</i>, which is a series of articles on adjusting to the workplace. <i>Learning Activities</i> for classroom use includes material on health and how that relates to careers as well as employability skills. <i>Reality Check</i> within CIS covers budgeting. Publications such as <i>Summer Job Central</i> help students find the first rungs of the employment ladder. <a href="http://www.ilworkinfo.com/icrn.htm">http://www.ilworkinfo.com/icrn.htm</a></p>
<p><b>Rehabilitation Services</b></p>	<p>IDES cooperates with the Department of Human Services, Division of Rehabilitation Services (DRS) in providing employment assistance to individuals with disabilities.</p>



- SERVICES FOR STUDENTS WITH DISABILITIES**
- Registration Assistance
  - Learning Aids
  - Tutors
  - Interpreters for the Deaf
  - Readers for the Blind
  - Special Housing for Disabled Students
  - Designated Parking
  - Barrier-free Campus
  - Number of Undergraduates With a Disability Served in a Recent Year
  - Services for Learning Disabled Students
  - Contact Person



**Agency Name: Illinois Department of Human Services Division of Mental Health**  
**Website Address: [www.dhs.state.il.us](http://www.dhs.state.il.us) and <http://www.mentalhealthillinois.org/>**

**Director Name: Dr. Lorrie Rickman Jones**  
**Contact Person: Alan Dietrich and Adjoa Denise Blalock**  
**Phone Number: 217-524-0319**  
**Fax Number: 217-786-0024**

**Synopsis of major activities, new ventures, grants, projects, directives, etc. for the year July 1, 2008 through June 30, 2009:**

The Division of Mental Health (DMH) continues to develop a service continuum that specifically addresses the unique needs of older adolescents with serious emotional disturbance and young adults with chronic mental illness who are transitioning to adulthood. Highlights of advances during 2008-2009 are:

- Maintained ten (10) Mental Health Transition Services for Youth Program. As a result during FY 09 there were two (2) programs in each DHS region
- A White Paper on the mental health services needs for transitioning youth and the imperative of child and adult serving systems integration in order to adequately address their needs.
- Continued implementation of stipulations documented in a Memorandum of Understanding (MOU) with the Department of Children and Family Services. The MOU provides a mechanism for DMH and DCFS to jointly address the need for ensuring continuity of care for aging-out DCFS wards with Serious Mental Illness (SMI) who are eligible for and may require adult DMH services upon leaving the DCFS system.
- DMH's Individual Care Grant Program (ICG) continues to provide specific advocacy and support services to youth aging out of the program and are being linked to needed adult services including mental health.

Transition Topic Areas	Description
<b>Mental Health Services</b>	<p>Mental Health Transition Services for Youth Program is an initiative that began during FY 07 with the funding of five providers, one in each DHS region. Five additional sites were funding during FY 08. All ten sites maintained funding during FY 09. This program serves youth with severe emotional disturbance (SED) between the ages of 16-18 who are aging out of the child and adolescent mental health system, or youth with mental health needs of any age that are returning from a juvenile justice facility to the community. Mental health providers are expected to:</p> <ul style="list-style-type: none"> <li>▪ Provide service coordination and/or linkage to service arrays, which will assist and support their transition experience.</li> <li>▪ Access service arrays that address education, health, mental health, juvenile justice, child welfare, vocational services, housing, skill building and personal development needs of transitioning youth.</li> <li>▪ Provide outreach and engagement activities to identify youth who could benefit from the program.</li> <li>▪ Provide clinical and support services that are individualized, delivered in a manner that is inclusive of the consumer's cultural or linguistic needs, and in the most normative and least restrictive environment.</li> <li>▪ Inform current and future development of the service system for transitioning youth.</li> </ul>

	<p>During FY 09, some 300 youth in the 16-18 with SED population received mental health transition services. Additionally, 60 individuals in the Department of Juvenile Justice population of focus were served and 75 persons who did not become registered consumers received initial assessments and/or referrals. A total of 7,247 hours of clinical and support services were rendered.</p>
<p><b>Residential</b></p>	<p><u>DMH/DCFS COLLABORATION:</u>  In 2006 the Department of Mental Health and the Department of Children and Family Services signed a Memorandum of Understanding (MOU) which established a new level of collaboration between the two agencies, as well as protocols and mechanisms to facilitate a smooth transition of aging-out DCFS wards with serious mental illness and/or serious emotional disturbances into DMH's services.</p> <ul style="list-style-type: none"> <li>• With this initiative DCFS agreed to fund two (2) MH agencies to provide a total of 36 aging out wards with residential services, case management and supports by way of their Transitional Living Program (TLP). Through this initiative both agencies will collaborate to address the mental health, life skills, vocational, educational and other support needs of the young adult ward before they leave the DCFS systems.</li> <li>• An anticipated outcome is that former DCFS wards are better connected to services they will need in the adult world.</li> </ul> <p>As stipulated in the MOU, an Admission Committee was established consisting of representatives from both agencies and the initiative's mental health providers. This Committee meets monthly to consider referrals to the program and to jointly identify how the program can best meet the consumer needs. During FY 09 a total of 35 referrals were reviewed and of that group 25 were deemed appropriate for this project. In the aggregate, since MOU inception, 131 cases have been reviewed and 77 youth were accepted to the program.</p>
<p><b>Transition Planning</b></p>	<p>The Transition Services Workgroup is a standing sub-committee of the Illinois Mental Health Planning and Advisory Council's (IMHPAC) Child and Adolescent Services Committee. During FY 09 the System Development and Integration ad-hoc committee of the Workgroup completed work on a "white paper" which articulates the workgroup members experiences providing services to youth and young adults with mental health issues. The authors also incorporated into the White Paper their findings from an extensive review of literature and best practices. The resulting document recommended to DMH administration a conceptual lens for developing transition services, a design concept for what system a care for transition youth should include, and articulated current systemic failure and system development opportunities. DMH has utilized information from the white paper to conceptualize and develop several federal grant applications and local initiatives.</p>
<p><b>Other – Specialized Adjunct Mental Health Services</b></p> <p><b>Residential Services</b></p> <p><b>Transition Planning</b></p>	<p><u>Individual Care Grant (ICG) Program:</u>  An ongoing program of DMH is the Individual Care Grant (ICG) program, which was established by Illinois State legislation in 1969. In 1987 the administrative rule, Title 59 of the Illinois Administrative Code, Part 135, was established to govern the administration and operations of the ICG program. The ICG provides financial assistance to the parents or legal guardians of severely mentally ill children and adolescents. It funds residential treatment or specialized, intensive community mental health services to severely mentally ill children and adolescents.</p>

	<p>Adolescents and young adults in the ICG program who are age 17 or above begin a process of transitioning to adulthood and therefore adult services. In FY 2009 there were 76 in the transition age group of 17 – 21 year olds.</p> <ul style="list-style-type: none"> <li>• Of the clients in the transition group: 4 enrolled in community colleges, 36 returned home or to home of a relative, 1 went to independent living, 3 went to permanent supportive housing, 1 went to a transitional living program facilities, 1 went to a nursing home, 9 went to an adult group home, 1 went into DCFS custody, 1 went to jail, 1 went to a correctional facility, and 1 went to adult forensics</li> <li>• Fourteen (14) ICG consumers applied for and received transition-to adult services funding under Program 330.50, which provides up to a year of post ICG funding.</li> </ul>
<p><b>Other – Housing Options</b></p>	<p><u>Permanent Supportive Housing (PSH):</u></p> <p>During FY 09 DMH sponsored a statewide conference to highlight evidence-based practices being utilized in Illinois. Permanent Supportive Housing was one of the programs showcased. During one of the conference’s preliminary sessions the program was discussed and several consumers who are benefiting from the program discussed how the program has assisted them in their recovery.</p> <p>The Division of Mental Health’s Permanent Supportive Housing model creates opportunities to secure permanent, scattered site, affordable housing, e.g., a unit is: (1) a self-contained kitchenette and bathroom, (2) privacy maintained by locked doors, (3) a studio, efficiency, one bedroom or a shared two person, two bedroom. PSH is complemented with flexible, community-based wrap around mental health support services available within DMH’s service taxonomy. Bridge Subsidy is the cornerstone of this model - which augments rent for the unit/apartment within the range of HUD’s Fair Market Rental cost for each respective county. ICG aging-out youth/young adults and DCFS aging-out wards who have Serious Mental Illnesses, 18 years of age and over, fall within one of six eligibility categories for a PSH application. Individuals approved for PSH will hold their own lease and are subject to the same rights of tenancy under tenant/landlord law as all other renters. Participation in support services is not a condition nor a mandate to maintain residency. Qualifying applicants must have income within 30% or below of Area Median Income.</p>

**Agency Name: Illinois Department of Human Services, Division of Rehabilitation Services**  
**Agency Website Address: [www.dhs.state.il.us](http://www.dhs.state.il.us)**

**Director: Robert F. Kilbury, Rh.D.**  
**Contact Person/Designee: Marva Campbell-Pruitt**  
**Phone Number: 312.814.5081**  
**Fax Number: 312.814.5849**  
**Website Address: [www.dhs.state.il.us](http://www.dhs.state.il.us)**

**Synopsis of major activities, new ventures, grants, projects, directives, etc. for the year July 1, 2008 through June 1, 2009:**

- The Division of Rehabilitation Services received \$20.1 million in VR ARRA funds in 2009. Of that amount, DRS has allocated \$6 million for projects focused on services to transition youth with disabilities. Requests for proposals will be issued to develop projects that run through June 2011.
- DRS provided services and supports to 1900 students in post-secondary education programs.
- The DRS caseload for youth in transition represents 44% of the population served.
- DRS facilitates the enhancement and coordination of local Transition Planning Committees (TPCs).
- DRS collaborated with the 2008 Transition Conference Committee to offer over 700 participants the opportunity to explore transition options that support positive post-school outcomes.

**Transition Topic Areas**

**Description**

**Education**

DRS operates three residential schools for children and youth with disabilities. All educational and social programs in these schools are designed to prepare students for successful living as independent, self-supporting citizens who are actively involved in their communities.

These schools have a 5th year program where students who have completed their high school credits bank their diploma and receive ongoing training in independent living, daily living skills, employment, medical management, and how to manage their Personal Assistants, and other types of life long training.

**2008-2009 Enrollment**

Illinois School for the visually Impaired – 106 students  
 Illinois School for the Deaf (ISD) – 287 students  
 Illinois Center for Rehabilitation and Education – Roosevelt (ICRE-R) - 44 students

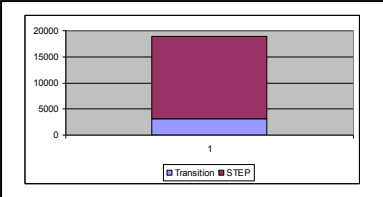
For additional information go to:  
<http://www.dhs.state.il.us/page.aspx?item=29739>

**Employment**

DRS spearheaded Disability Mentoring Day across the State. Five hundred twenty-six persons participated in employment activity interaction, an increase of 89.2 percent over previous years.

**Post-Secondary Education**

The Department of Human Services/Division of Rehabilitation Services (DRS) may contribute financially toward the cost of post-secondary education. It is important to know that DRS

	<p>only contributes financially to the cost of post-secondary education when:</p> <ol style="list-style-type: none"> <li>1) Post-secondary education is required to obtain an agreed upon vocational goal, and</li> <li>2) When the customer requires financial assistance to participate in the required post-secondary education.</li> </ol> <p>As with any federally funded program, DRS has eligibility requirements and will require application to other funding sources for post-secondary education. To receive further information, contact one of our local offices by accessing the office locator at <a href="http://www.dhs.state.il.us">www.dhs.state.il.us</a>.</p>
<p><b>Post-Secondary Training (work skills, social skills, self-advocacy skills, health/medical skills, etc.)</b></p>	<p>Vocational, technical or academic training may be available to a customer of the VR program, as appropriate, and is determined by the Individual Plan for Employment (IPE). IPE's are prepared in coordination with the educational facility and include a summary of vocationally relevant elements of the IEP.</p>
<p><b>Rehabilitation Services</b></p>  <p><b>Served 18,925 Students</b></p>	<p>DRS helps high school students with disabilities plan for their future with services provided through the Transition Program and the Secondary Transitional Experience Program (STEP).</p> <p>DRS partners with 600 high schools across the State by proving 155 STEP contracts. This program helps students achieve employment, post-secondary education, and independent living goals.</p> <p>Of the 18,925 transition students served in FY2009:</p> <ul style="list-style-type: none"> <li>• 15728 were in STEP Programs</li> <li>• 3,197 were Transition Students</li> </ul>
<p><b>Transportation</b></p>	<p>Thirty-two visually impaired high school students participated in two sessions held at ICRE-Woods' -Summer in the City" Transitional Program.</p>
<p><b>Housing</b></p>	<p>DRS Home Services provides services to individuals with significant disabilities so they can remain in their homes and live as independently as possible. Through Home Services, individuals have the opportunity to live self-directed lives, function as active members of their communities and retain control over the services they receive.</p>
<p><b>Advocacy Services</b></p>	<p>The Client Assistance Program (CAP) provides assistance and advocacy for customers or applicants of DRS. The program provided informational outreach to 1,034 individuals, many of whom were of transition age.</p>
<p><b>Transition Planning Committee (TPC) Data</b></p>	<p>In FY 2009, 42 active TPCs served almost every county in Illinois. DRS funded 23 projects and activities for the local TPCs. DRS assisted three TPCs to restart. They are: Jacksonville, Southland, and McLean County TPCs.*</p>
<p><b>Other - WIPA</b></p>	<p>DRS' federally funded Work Incentive Planning and Assistance (WIPA) program offers informational, hands-on</p>

	consultation regarding the effect working and earning wages has on Social Security Disability benefits. The intent of the program is to assist persons in pursuing their highest level of self-sufficiency.
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\*Data collection results are provided in Appendix I and Survey Questions are provided in Appendix II.

**Agency Name: Illinois Department of Healthcare and Family Services**  
**Website Address: <http://www.hfs.illinois.gov/>**

**Director Name: Barry S. Maram**  
**Contact Person: Sandy Mott**  
**Phone Number: 217- 524-7170**  
**Fax Number: 217-557-2998**

**ICC Member: Pat Curtis**

**Synopsis of major activities, new ventures, grants, projects, directives, etc. for the year July 1, 2008 through June 1, 2009:**

The Healthcare and Family Services (HFS) role in providing transition services is an indirect, but important one.

- HFS funds health screening, immunization, school based and other health services to Illinois children.

The HFS All Kids program and Family Care program offers affordable healthcare to children of all ages and their parents. Transition planners may more easily address the child's other needs, knowing that their current healthcare needs are addressed. Without appropriate, accessible and ongoing medical care, effective future planning can be very difficult. Additionally, good healthcare practices may reduce or eliminate the impact of certain disabling conditions. More than one million children were enrolled in HFS funded healthcare programs in 2008.

<b>Transition Topic Areas</b>	<b>Description</b>
<b>Employment</b>	<p>The Health Benefits for Workers with Disabilities (HBWD) program provides healthcare coverage to employed individuals with disabilities, ages 16-64, whose incomes do not exceed 350% the federal poverty level (FPL).</p> <ul style="list-style-type: none"> <li>• In February of 2009, the income eligibility was increased from 200% to 350% of the FPL and the asset limit was increased from \$10,000 to \$25,000. Often referred to as the Medicaid Buy-In program, HBWD was developed to encourage people with disabilities to use their talents and skills in the workplace without losing healthcare benefits.</li> <li>• Transition planners may assist youth with disabilities in training for employment knowing that HBWD enrollment will secure their healthcare needs. HBWD participants pay an average monthly premium of \$50 to receive health benefits.</li> <li>• Last year about 700 Illinois residents with disabilities received healthcare coverage through HBWD.</li> </ul>
<b>Other</b>	<p>HFS was awarded the Medicaid Infrastructure Grant to reduce/eliminate barriers to employment for people with disabilities. The Illinois Strategic Plan was developed in 2008. The Plan contains recommendations and activities to be implemented in 2009 and 2010, many of which relate to transition and employment for youth.</p> <ul style="list-style-type: none"> <li>• Partnering with HFS, The Department of Human Services (DHS) and the Department of Commerce and Economic Opportunity (DCEO), formed a</li> </ul>

	<p>Strategic Planning Leadership Committee comprising of business leaders, advocacy organizations, people with disabilities, and state/federal agency leaders.</p> <ul style="list-style-type: none"><li>• This Committee developed a Strategic Plan based on information elicited from all stakeholders, research, and through mapping of current Illinois services.</li><li>• The Strategic Plan included the identification of barriers, activities to address the barriers, and policy recommendations. These include issues related to transitioning students to employment. Last year was the first year of implementation of the plan. Funding from the grant was provided to the statewide Transition Planning Councils, marketing materials were developed for parents of children with disabilities and a web site was developed so stakeholders could learn first-hand of the many work incentive programs available to youth and adults.</li></ul>
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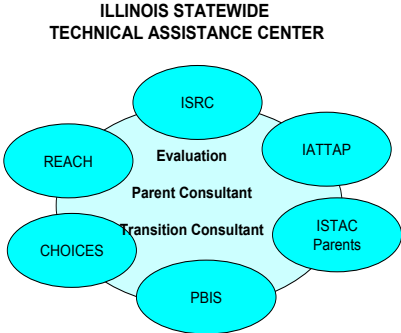
**Agency Name: Illinois State Board of Education**  
**Website Address: [www.isbe.net](http://www.isbe.net)**

**Director Name: Dr. Christopher Koch, Superintendent**  
**Contact Person: Elizabeth Hanselman, Assistant Superintendent of Special Education**  
**Members: Melanie Fleenor and Susan Walter**  
**Phone Number: 217-782-5589**  
**Fax Number: 217-782-0372**

**Synopsis of major activities, new ventures, grants, projects, directives, etc. for the year July 1, 2008 through June 1, 2009:**

- Granting \$10,000 to support parents and students to present and/or attend the Illinois Statewide Transition Conference in October 2008.
- In-kind participation of three staff persons in the planning and implementation of the 2009 Statewide Transition Conference. One of these staff persons served as overall chair of the conference planning and all three chaired or co-chaired subcommittees.

On-going collaboration with Loyola University Chicago to implement the Transition Practices Self-Assessment (TPSA) <http://www.isbe.state.il.us/spec-ed/pdfs/tpsa09.pdf>. The TPSA is used by school districts and special education cooperatives to establish progress, set priorities and develop action steps to incorporate into district improvement plans. A companion training presentation was developed to assist TPSA implementers in using the resulting data to engage in action planning and goal development. This training is posted on ISBE's Indicator 13 web page - [http://loyolacseit.com/Presentations/TPSA\\_ActionPlanning\\_20090407/player.html](http://loyolacseit.com/Presentations/TPSA_ActionPlanning_20090407/player.html).

Transition Topic Areas	Description
<p><b>Education</b></p> 	<ul style="list-style-type: none"> <li>• The Illinois Statewide Technical Assistance Center (ISTAC) is Illinois' model of integrated technical assistance for families and school districts. ISTAC projects each use a coaching and support network model, focusing on building the capacity of districts through the implementation of evidence-based practices, utilizing self-assessment, data collection and data analysis in support of data-based decision making. ISTAC is comprised of the following components: <ul style="list-style-type: none"> <li>- Statewide Transition Consultant</li> <li>- Statewide Parent Consultant</li> <li>- Evaluation Center at Loyola University-Chicago (LUC)</li> <li>- Illinois Positive Behavior Interventions and Support (PBIS) Network</li> <li>- Illinois Autism Training and Technical Assistance Project (IATTAP)</li> <li>- Project CHOICES (Children Have Opportunities in Inclusive Communities Environments and Schools)</li> <li>- ISTAC Parents (Parent Network and Parent Mentors)</li> <li>- Illinois Service Resource Center (ISRC - for students who are deaf or hard of hearing and have emotional disabilities)</li> <li>- Project Reach (federal deaf-blind project)</li> </ul> </li> <li>• Nine transition training modules from the Transition Outreach</li> </ul>

	<p>Training for Adult Living (TOTAL) Project are available on the ISBE website at:  <a href="http://www.isbe.net/spec-/html/transition_video.htm">http://www.isbe.net/spec-/html/transition_video.htm</a></p> <ul style="list-style-type: none"> <li>• A web page dedicated to Secondary Transition is available on the ISBE website and links to additional web pages for state and national resources are available. The links for the State Performance Plan Indicator 13 (the transition plan) and the State Performance Plan Indicator 14 (Post-School Outcomes) web pages can be accessed via the Secondary Transition page. These web pages increase equitable, statewide access to tools and resources that support quality transition planning and improving outcomes for students with disabilities.</li> <li>• Ongoing division dialogue and teaming specific to exploring the connectedness and interdependency of improvement in multiple State Performance Plan Indicators: graduation, dropout rates, parent involvement, transition planning and post-school outcomes.</li> <li>• Training and information provided at statewide venues including the Illinois Special Education Directors Conference, the Illinois Association of Administrators of Special Education (IAASE) and the Annual Statewide Transition Conference.</li> <li>• Collaboration with the National Secondary Transition Technical Assistance Center (NSTTAC) to incorporate/develop technical assistance tools and engages in capacity planning and building activities.</li> </ul>
<p><b>Employment</b></p> <p><b>Post-Secondary Education</b></p> <p><b>Post-Secondary Training (work skills, social skills, self-advocacy skills, health/medical skills, etc.)</b></p>	<p>IDEA 2004 and the Illinois School Code Part 226 regulations require school districts to engage in age-appropriate transition assessment and post-secondary goal development for employment, post-secondary education/training and adult living if needed for students with disabilities age 14 1/2 and older.</p> <ul style="list-style-type: none"> <li>• The use of appropriate transition assessments and the development of post-school goals drive the development of transition plan services and IEP annual goals.</li> <li>• Annual goals and transition services including courses of study are designed to incrementally build students' skills and abilities to facilitate their improvement toward and successful achievement of their post-school goals for employment, post secondary education and/or training and adult living.</li> <li>• Secondary Transition web page:  <a href="http://www.isbe.state.il.us/spec-ed/html/total.htm">http://www.isbe.state.il.us/spec-ed/html/total.htm</a></li> <li>• Mental Health Initiatives focused on Social and Emotional Learning and Student Support Services: <ul style="list-style-type: none"> <li>• Grants to school districts to increase capacity to provide early intervention mental health services to students in natural settings.</li> <li>• Positive Behavior Interventions and Support Network provides training, coaching and technical assistance to school districts as they develop structures for teaching expected behaviors and social skills, creating student behavioral and academic support systems, and applying</li> </ul> </li> </ul>

	<p>data-based decision-making discipline, is nationally recognized and the number of high schools implementing PBIS has jumped to 87 schools, up 135% from 2006-2007 to 2008-2009.</p> <ul style="list-style-type: none"> <li>Grants to Local Area Networks (LAN) to provide wrap-around services to children and adolescents who are at risk of, or returning from out-of-home placements to be maintained in their home community.</li> </ul>
<b>Rehabilitation Services</b>	<ul style="list-style-type: none"> <li>ISBE encourages local collaboration between school districts and DHS/DRS through STEP programs and other DHS/DRS sponsored transition services and activities. (Appendix IV highlights the top three identified services for each transition service area.)</li> <li>Local DRS staff are regular attendees at district level transition training conducted by ISBE staff. Their participation at these training opportunities is promoted, supported and encouraged.</li> </ul>
<b>Advocacy Services</b>	<ul style="list-style-type: none"> <li>One of ISBE's technical assistance and training projects is the Parent Mentor Project. This project promotes active parent participation and partnerships.</li> <li>ISBE's Parent Guide – Educational Rights and Responsibilities: Understanding Special Education in Illinois has been updated and dedicates a full chapter to secondary transition. <a href="http://www.isbe.state.il.us/spec-ed/html/parent_rights.htm">http://www.isbe.state.il.us/spec-ed/html/parent_rights.htm</a></li> <li>Parent/family leadership is supported by the Illinois Statewide Parent Consultant. The Statewide Parent Consultant is based in Springfield at ISBE.</li> </ul>
<b>PUN (Prioritization of Unmet Needs) Data System</b>	<ul style="list-style-type: none"> <li>ISBE has participated in “getting the word out” to local school districts and other stakeholders about the importance of networking families with their local independent case coordination unit.</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>ISBE promotes the active collaboration of school districts with post-school providers via the requirements outlined in IDEA 2004 and the State Performance Plan Indicator 13 data collection requirements. IDEA 2004 requires that if there are services in a student's transition plan that may be provided or paid for by an outside agency, that agency must be invited to participate in the development of the IEP with the consent of parents or students who have reached the age of majority. ISBE has developed and posted two sample consent documents; one document is a sample for parent consent to invite outside agencies and the other is for student consent (to be used if the student is 18).</li> </ul>

**Agency: UIC Division Of Specialized Care For Children**  
[www.uic.edu/hsc/dscc](http://www.uic.edu/hsc/dscc)

**Director Name: Thomas F. Jerkovitz**  
**Contact Person: Darcy Contri RN, BSN, MPH**  
**Phone Number: 217-558-2350**  
**Fax Number: 217-558-0773**

**Synopsis of major activities, new ventures, grants, projects, directives, etc. for the year July 1, 2008 through June 1, 2009:**

Health status impacts success in every aspect of transition. Good health is essential to meeting education, employment and independent living goals, yet it is often overlooked or given little attention during transition planning. The Division of Specialized Care for Children (DSCC) continues to focus on health care transition for youth/young adults with chronic illnesses/disabilities. The goal of transition for young adults with special healthcare needs is —to maximize lifelong functioning and potential through the provision of high-quality, developmentally appropriate healthcare services that continue uninterrupted as the individual moves from adolescence to adulthood.” Youth with Special Health Care Needs (YSHCN) often need more help planning for adult life including referrals to resources and services that can help optimize their health. DSCC continues to target efforts to meet the diverse transition needs of YSHCN and their families in the areas of health, independence and work in an effort to improve outcomes for youth/young adults as they transition to adulthood.

**New ventures:** The Illinois Chapter of the American Academy of Pediatrics (ICAAP) in collaboration with the DSCC and many other partners across the state has been awarded a State Implementation **Grant for Integrated Community Systems for Children with Special Healthcare Needs**. This is a three year state implementation grant beginning June 1, 2009 through May 31, 2012 and is funded by the Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). This project will:

- **Improve access** to quality, comprehensive, coordinated, community-based services for YSHCN and their families by working in collaboration with state partners to provide resources and training to build medical homes and transition youth with special needs into adult service systems.
- Will inform primary care providers and families about the medical home model and **importance of family-professional partnerships,**
- **Provide training and resources** to build medical homes and transition youth with special needs into adult service systems,
- **Encourage family and youth involvement in systems change,**
- **Collaborate with state leaders and policymakers** to implement medical homes, disseminate resource information, and measure impact.

Transition Topic Areas	Description
<b>Education</b>	<ul style="list-style-type: none"> <li>○ Ongoing <b>training and technical assistance</b> around health care transition issues and ways to promote health care transition in IEP/504 plans including plans for post secondary education, employment and independent living.</li> <li>○ <b>Participation in planning meetings</b> with the youths, families and schools,</li> <li>○ <b>Referral information and resources</b> for DSCC regional office care coordination staff, health care providers, educators, vocational rehabilitation staff, community advocates and other professionals, youth and families.</li> </ul>

	<ul style="list-style-type: none"> <li>○ DSCC supports <b>families' and staff attendance at the Annual Statewide Transition conference</b> to enhance learning, planning and outcomes for YSHCN as they move into adulthood.</li> </ul>
<b>Employment</b>	<ul style="list-style-type: none"> <li>○ Provide transition aged youth and families with <b>anticipatory guidance</b> addressing employment, ways to gain work experience, employment and ADA, and resource referral information also available on our web site at: <a href="http://internet.dsc.uic.edu/dscroot/parents/transition.asp">http://internet.dsc.uic.edu/dscroot/parents/transition.asp</a></li> </ul>
<b>Post-Secondary Education</b>	<ul style="list-style-type: none"> <li>○ DSCC provides transition aged youth and families with <b>anticipatory guidance</b> on preparing for college including Information on what to ask when visiting the campus's Office of Disabilities; preparing for postsecondary education and knowing their rights and responsibilities; along with additional planning guidance and resources.</li> </ul>
<b>Post-Secondary Training (work skills, social skills, self-advocacy skills, health/medical skills, etc.)</b>	<ul style="list-style-type: none"> <li>○ DSCC care coordinators <b>promote increased independence</b> in health care management, self-advocacy and self-determination <b>skills</b> with children and youth through direct contact, anticipatory guidance materials, and through individualized service planning.</li> </ul>
<b>Rehabilitation Services</b>	<ul style="list-style-type: none"> <li>○ DSCC care coordinators provide <b>resource, referral and information on the Division of Rehabilitation vocational services</b> to youth and families. Care coordinators <b>coordinate and collaborate with youth, families and rehabilitation counselors</b> to assist with service access and enhance individualized employment planning.</li> <li>○ DSCC is able to financially support <b>Equipment/supplies, and therapy needed to support age-appropriate activities of daily living (ADL)</b> related to the treatment of the DSCC medically eligible condition (examples: feeding equipment, communication devices, hearing aids) for YSHCN eligible for DSCC's financial assistance.</li> </ul>
<b>Transportation</b>	<ul style="list-style-type: none"> <li>○ DSCC can assist enrolled youth and their families with <b>travel reimbursement</b> to access specialty medical care.</li> <li>○ DSCC has developed an informational document <b><i>Driving in Illinois</i></b> available on our public site. Driver's license disclosure requirements of physical or mental ability to operate a motor vehicle are discussed along with information on Behind the Wheel Evaluations to determine the need for adaptive devices, sources for car modifications and funding.</li> <li>○ Care Coordinators also refer youth to <b>Centers for Independent Living to learn more about transportation classes</b>.</li> <li>○ Additionally DSCC has developed an <b>activity sheet on skills</b> for using transportation also available on our web site.</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>○ Care coordinators <b>promote skill building in areas of independent living</b> and provide anticipatory guidance through home living activity sheets and independent living teaching sheets. Also available on our web site.</li> </ul>
<b>Advocacy Services</b>	<ul style="list-style-type: none"> <li>○ Care coordinators <b>advocate with and for youth and their families</b> across settings such as doctors' visits, IEP/504 planning, internal and interagency meetings.</li> </ul>

	<ul style="list-style-type: none"> <li>○ Families and youth are also <b>referred to community based advocacy services</b> including Parent Training Information Centers, Equipped for Equality, Centers for Independent Living, parent to parent support groups, legal services and others.</li> </ul>
<p><b>Transition Outcome Data</b></p>	<p>Data is collected annually on DSCC enrolled youth through chart reviews and biannually through youth consumer surveys. Illinois' performance objective to ensure that youth over 14 years of age and their parents receive comprehensive transition planning from DSCC staff. <b>DSCC served 1,882 youth 14 years and older</b> in FY'09, additional data for FY'09 is not yet available to include in this report. In <b>FY '08, 82.7% of youths and families received comprehensive transition planning from DSCC care coordination staff.</b> A review of case records for youth ages 14-21 years shows that for those that had some aspect of transition addressed:</p> <ul style="list-style-type: none"> <li>○ 90.4% received planning information on health care transition,</li> <li>○ 92.1% received information on vocations, and</li> <li>○ 82.6% on community involvement/ integration.</li> </ul> <p>Both health care and vocational transition efforts were increased from the previous year. This data reflects only DSCC care coordination efforts in transition planning.</p>

(105 ILCS 5/14-8.03) (from Ch. 122, par. 14-8.03)

Sec. 14-8.03. Transition goals, supports, and services.

(a) A school district shall consider, and develop when needed, the transition goals and supports for eligible students with disabilities not later than the school year in which the student reaches age 14 1/2 at the individualized education plan meeting and provide services as identified on the student's individualized education plan. Transition goals shall be based on appropriate evaluation procedures and information, take into consideration the preferences of the student and his or her parents or guardian, be outcome-oriented, and include employment, post-secondary education, and community living alternatives. Consideration of these goals shall result in the clarification of a school district's responsibility to deliver specific educational services such as vocational training and community living skills instruction.

(b) To appropriately assess and plan for the student's transition needs, additional individualized education plan team members may be necessary and may be asked by the school district to assist in the planning process. Additional individualized education plan team members may include a representative from the Department of Human Services, a case coordinator, or persons representing other community agencies or services. The individualized education plan shall specify each person responsible for coordinating and delivering transition services. The public school's responsibility for delivering educational services does not extend beyond the time the student leaves school or when the student reaches age 21 inclusive, which for purposes of this Article means the day before the student's 22nd birthday.

(c) A school district shall submit annually a summary of each eligible student's transition goals and needed supports resulting from the individualized education plan team meeting to the appropriate local Transition Planning Committee. If students with disabilities who are ineligible for special education services request transition services, local public school districts shall assist those students by identifying post-secondary school goals, delivering appropriate education services, and coordinating with other agencies and services for assistance.

(Source: P.A. 95-793, eff. 1-1-09.)

# Appendices

### Transition Planning Committee

Interagency collaboration, coordination, and cooperation are long-term goals of professionals concerned with effectively meeting the needs of people with disabilities. No single agency has all of the necessary resources to adequately meet the needs of individuals with disabilities; it is only through a concerted effort of interagency collaboration, coordination, and cooperation that a full continuum of services can be ensured. Educational, vocational, and other community services should be coordinated in order to accomplish a smooth transition to gainful employment, thus maximizing employment potential and enhancing overall quality of life.

An interagency transition team brings together a variety of stakeholders who are supporting youth with disabilities so they can have the best chances for success as adults. Because states most often deliver services through agencies designed to meet a specific set of outcomes – e.g., state departments of education are concerned with educational outcomes and departments of health are concerned with health outcomes – interagency teams at the state level are often comprised of representatives of all agencies involved in preparing, connecting, and receiving youth with disabilities as they transition from secondary school to post-school environments. At community or school levels, individuals representing these needs are more likely to be on those teams. In Illinois we refer to these teams as Transition Planning Committees (TPCs). Across the states, these interagency teams serve varied purposes.

Illinois Public Act 86-1218 created the major components of the state's transition process. One of those components is the Transition Planning Committees. The statute identified six key focus areas for TPCs. These include:

1. Identify current transition services, programs, and funding sources provided within the community for secondary and post-secondary aged youth with disabilities and their families as well as the development of strategies to address unmet needs;
2. Facilitate the development of transition interagency teams to address present and future transition needs of individual students on their individual education plans;
3. Develop a mission statement that emphasizes the goals of integration and participation in all aspects of community life for persons with disabilities;
4. Provide for the exchange of information such as appropriate data, effectiveness studies, special projects, exemplary programs, and creative funding of programs;
5. Develop consumer in-service and awareness training programs in the local community; and
6. Assist in staff training for individual transition planning and student transition needs assessment.

### Data Collection

Data for the 2008-2009 Status Report is presented from the TPCs electronic survey instrument. Committee members were asked to collaborate and compile responses to ten specific questions (See Appendix II.) Query categories included in the survey were: demographic information i.e., TPC name, school districts and counties served; information on unmet community, adult service, local mental health services and needs, and school-based service needs; and lastly their perception of the status of

transition services in the areas of education, employment, post-secondary education/training and community living.

Responses are representative of responses from thirty-three of forty-one (82%) active Transition Planning Committees. Following is a chart, which shows the number of completed surveys returned by the five DHS service regions (See Appendix III).

### TPC Response Rate by Region

Region	Total Number of TPCs in Regions	Surveys Returned
1	5	5
2	11	8 *
3	10	6
4	7	7
5	8	8
<b>Total</b>	41	34

\*One TPC responded only

The chart persons on the roster and recruitment needed. TPCs

Committee to Unmet Needs below reflects membership where additional efforts are were asked to

describe their membership by selecting all that apply from a list. TPCs provide opportunity for local communities through collaborations and partnerships to identify and address needs of transition youth. That opportunity is diminished when youth consumers, general educators, local business/industry and mental health are limitedly involved as demonstrated by survey responses.

N=33

Demographics and percentage of participation by groups	Response %	Response Count
Parents	66.7	22
Youth Consumers	12.1	4
General Educators	6.1	2
Special Educators	97.0	32
Vocational Teachers	66.7	22
Post-secondary Education/training	84.8	28
Local Business/Industry	9.1	3
DSCC	66.7	22
DDD	27.3	9
DMH	12.1	4
DRS	93.9	31
DHS (Other)	21.2	7
Public and Private Adult Service Provider	100	33
Case Coordination	60.6	20

### Survey Results

The survey results reported in this section of the report are based upon one specific question that requires great attention. We compiled data to determine the overarching community needs for services and supports as related by TPC members. This information serves to inform the General Assembly and community leaders of the service needs of constituents with disabilities within a particular area. The intent is to promote future planning to accommodate the expressed needs of individuals requiring services. The grids below reflect responses to query four, specific to **unmet community and adult service needs** of the region.

The question asked was:

*Identify and rank the following unmet **community or adult service needs** for students who exited high school in June 2009.*

	<b>Critical Need</b>	<b>Great Need</b>	<b>Problematic</b>	<b>N/A</b>	<b>Rating Average</b>	<b>Response Count</b>
Competitive Employment	66.7% (22)	30.3% (10)	3.0% (1)	0.0% (0)	1.36	33
Supported Employment	72.7% (24)	12.1% (4)	15.2% (5)	0.0% (0)	1.42	33
Programs and services for young adults with learning disabilities and higher functioning cognition	33.3% (11)	36.4% (12)	27.3% (9)	3.0% (1)	1.94	33
Programs and services for young adults with mental health needs	69.7% (23)	24.2% (8)	6.1% (2)	0.0% (0)	1.36	33
Programs and services for young adults with intellectual disabilities	57.6% (19)	36.4% (12)	6.1% (2)	0.0% (0)	1.48	33

N=33

Another query of unmet needs centered upon the **school-based educational transition supports/services** that were not available to students who exited high school in June 2009. Responses follow:

### **Region 1 – Cook County**

	<b>Unmet Need</b>
BEST #34 (Northern Cook)	Increase special programs at the local community colleges. Funding for programs for students with autism, developmental disabilities and those with mental illness. There is a critical need for independent living arrangements for people with disabilities needing any kind(s) of support. Agencies are struggling to keep supported programs alive for those who want supported employment with fewer funds available means less employment specialist to provide needed services.
CAST (Chicago)	Practical living skills; i.e. community living skills, mobility training; vocational experiences; Independent Living skills, all indicator 13 skills.
Chicago South/Southwest Suburban	Funding for Developmental Disabilities programs, transportation and supported employment.
Southland	Referrals to adult agency providers.
West Suburban	Supported employment, Job Coaching, Recreation and Leisure, Transportation

Region 1, a large metropolitan area that encompasses all of Cook County, indicated the need for employment opportunities, housing, independent living skills training, transportation and developmental training for youth who graduated in June 2009. Cook County legislators would be well served to focus upon post-secondary supports in the areas of education, educational supports and housing.

### Region 2 – Northern

	<b>Unmet</b>
DuPage County TPC	Case management/coordination Supports/Coaching for volunteer positions Continuation of Related Services such as Speech Therapy and Social Worker
Kane County	Programming for students with Learning, Behavior and Emotional Disabilities
Kankakee TPC	Transportation remains an issue. Our free and reduced legal services have also become nonexistent in are our area. Customized employment for our low functioning learning disabled students continues to be a concern in our area. Medical issues and ability to obtain necessary medical care is difficult. For our students with medical needs, post-secondary settings are very limited and frequently unavailable.
McHenry County TPC	Transportation training Self-advocacy skills to better access and utilize adult services as well as recreation and leisure activities.
Northern Illinois TPC	There is a need for pre-vocational training and increased availability of psychological testing.
Northern Suburban TPC	More Support and direction for students with mental health diagnosis. We need training on the Dartmouth Model
Will/Grundy Counties TPC	1. Programs and services for students with learning disabilities and emotional issues. 2. Research based transition surveys. 3. Job coaching was not available at some times for students who had a job. 4. Competitive/supported employment for students with learning disabilities and higher functioning cognition. 5. More realistic job training and developing a plan for transportation for after school.
Winnebago TPC	Lack of TPC members at IEP Meetings

In this region, there are more active TPCs than any other. Of the twelve active and fully functioning committees, only eight responded to the survey. Similar to last year’s survey results, transportation and programming for youth with learning disabilities and developmental disabilities were the prime concerns as related by respondents. This area cites services for youth with mental illness as a concern as well.

### Region 3 – North Central

	<b>Unmet Need</b>
Champaign County TPC	A greater level of self-advocacy training.
Illinois Valley TPC	More transition programs for students 18-22
Livingston County TPC	Housing, transportation, daycare and supported employment.
McLean County	Student follow up after high school graduation
Vermillion County	Not Applicable
Western Regional TPC	Lack of time to engage in quality transition planning. Increased opportunities for training and technical assistance in writing quality transition plans.

Sixty-seven percent of the TPCs in Region III responded to the survey. Responses point to the desire of TPC members to provide transition youth with skills and support that will bridge them to and sustain them

in adulthood. Respondents noted the need for better transition planning, support services such as transportation and housing, and adult living skills.

#### Region 4 – Central

	Unmet Need
Christian County TPC	Programs that offer training to students who would not be capable of being successful in college courses
Jacksonville Area TPC	Supported employment services are not currently available in this area. Public transportation is extremely limited in the majority of counties served. There is sheltered employment available in most areas but due to severely restricted funding, most students cannot access these services. The same situation exists for residential housing options.
Macon/Piatt TPC	Developmental training, day programs, supported employment
Montgomery/Macoupin TPC	Transportation
Quincy TPC	Transportation, community college programs for students not ready for employment or independent living, more group homes
Sangamon/SASED TPC	More assessments that involve career exploration and guidance
TPC of Coles Cty	Supported Employment and programs within local workshops. Additional information needs to be provided for students completing the PUNS, Lack of transportation and group homes.

Again this year Region 4 had a 100% response rate. This is indicative of the strong sense of commitment this area has toward service to youth with disabilities. The need for transportation services was alarmingly identified as a needed service. Additionally, respondents reported the need for services that will lead to sustained employment.

#### Region 5 - Southern

	Unmet Need
Clinton, Marion & Washington TPC	Youth programs, more teen pregnancy services, supported employment
Madison County TPC	After high school, many students report that they still need help getting a job in their chosen field.
Mid-State TPV	Sheltered Employment
Mid-South TPC	Transportation to training and work
St. Clair / Randolph TPC	Autism support groups, MH support, opportunities for low cognition graduates
Southeastern IL TPC	Information on how to apply for services after high school, Transportation, Career Awareness Activities and Hands-on Experiences in the areas of interest, and Supported employment.
Southern IL TPC	Information on how to apply for services after HS, transportation to provide workshop participation, more career awareness activities and hands on experience in the areas of interest, not enough supported employment
WOVSED TPC	Mental health Services/Programs, Access to Public Transportation, Short-term Vocational Programs

Region Five TPCs are very active in their communities and at the regional level. 100% of the committees in this region responded to the request for data. As indicated by each of the other regions, transportation is a significant need in this region. Members expressed frustration that youth are unable

to obtain employment or attend school if there is no mode of transportation to get to the locations. They also cited service needs and funding for services for youth with developmental disabilities. As reported in other regions, employment support, vocational training and mental health supports are needed services.

Over the last several years the IICC has endeavored to better identify the need for and availability of **mental health services for transition youth**. As a result, the 2008-2009 survey included specific questions relevant to mental health. One query solicited whether the local mental health provider/agency is involved with the local TPC. The vast majority, twenty-seven respondents or 81% stated no, mental health providers/agencies are not involved, and only six respondents or 18.2% responded yes. Nine respondents selected other as a response and wrote in responses that indicated sporadic involvement of local mental health providers. Additionally, respondents often mentioned mental health service as an unmet need. Responses clearly support that more efforts are needed to include mental health in collaborations and partnerships that address the needs of transition youth.

TPC members were asked of their overall perception of the transition services provided in the State of Illinois for this period. We wanted to know respondents' feelings or attitudes about the delivery of services, so we used a Likert-scale question. The respondents had to consult with other committee members and indicated how closely their feelings match the question on a rating scale. We asked them to address their perception in four specific areas or components of transition. The choices ranged from Poor, Needs Improvement, Satisfactory, Good and Excellent.

N=33

	POOR	NEEDS IMPROVEMENT	SATISFACTORY	GOOD	EXCELLENT	Response Count
EMPLOYMENT	30.3% (10)	51.5% (17)	6.1% (2)	12.1% (4)	0.0% (0)	33
POST SECONDARY EDUCATION	15.2% (5)	51.5% (17)	12.1% (4)	21.2% (7)	0.0% (0)	33
POST SECONDARY TRAINING	33.3% (11)	45.5% (15)	6.1% (2)	15.2% (5)	0.0% (0)	33
INDEPENDENT LIVING	42.4% (14)	42.4% (14)	9.1% (3)	6.1% (2)	0.0% (0)	33

The results reflect a great need for overall improvement of the transition structure in Illinois across all major components of service. More than 50% of all respondents rated services as needing improvement or poor. It is encouraging to note that seven of the 33 committees acknowledge that the State of Illinois is providing good post secondary education services as it relates to transition, however the perception of how the state fares, is well below last year's statistics, where the rating of poor was given 50% more often in each of the four areas.

Finally, TPCs have not allowed the absence of funding, services or providers at the membership table to stymie efforts to address the needs of transition youth. TPC Members continue to work relentlessly to bridge the gap and to meet the service needs of teachers, youth and parents. The ability to perform these activities was heightened by an Intra-governmental Agreement between The Division of Rehabilitation and the Department of Healthcare and Family Services.

Identified below are responses to the survey query asking how they creatively addressed any unmet educational and/or community-based need. These are examples of perseverance and commitment to task and purpose.

- TPC Committee members have made provisions for training through local Transition Conferences and Workshops during the school day, after school and on week-ends, in the areas of:
  - Job Coaching
  - Estate Planning
  - Guardianship,
  - SSI/SSDI,
  - Health Benefits, and
  - Micro Boards & Cooperatives
  - Parent/Family Training
  - NextSteps Training
- TPCs have worked with the local community college to offer vocational skills courses to individuals with cognitive disabilities that offers lower enrollment and extra staff support.
- TPCs conducted specialized employer recognition activities.
- Conducted specialized workshops for 8th grade students in the area of career interests.
- Engaged in Resource mapping to identify community resources.
- Community /Field experiences to local community colleges, and other significant points of interest in the community.

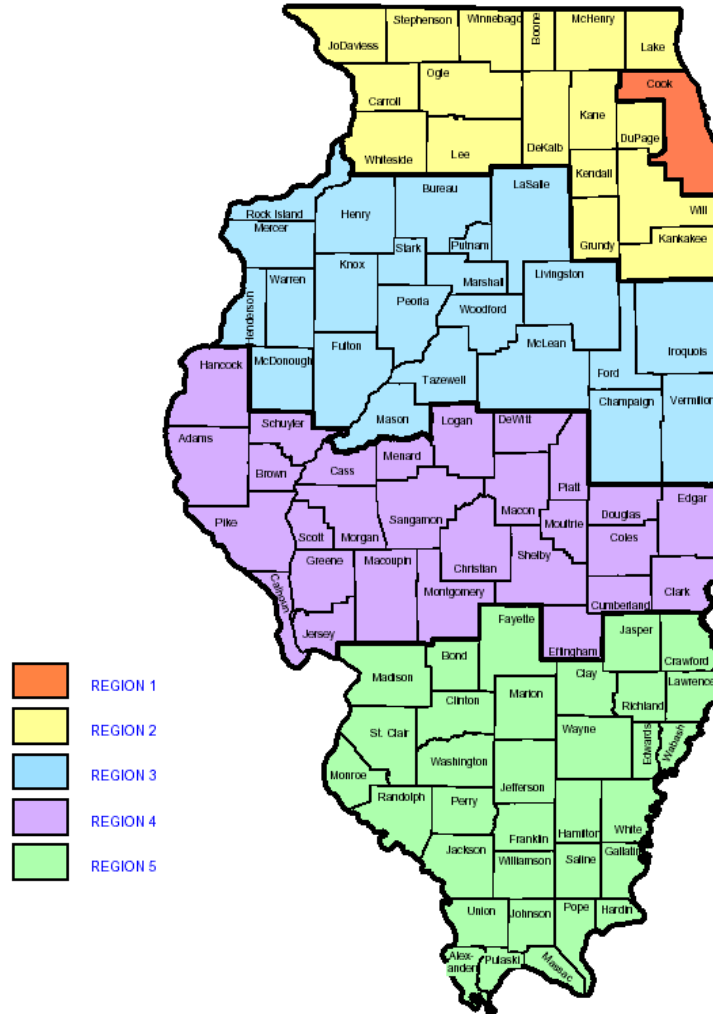
**Survey Questions**

1. Please provide demographic information for the person completing the survey (Name, Address, TPC Name/Number, region)
2. Identify the counties served by this TPC
3. How many school districts providing services to youth with disabilities 14 -22 years of age are members of this TPC?
4. Identify and rank the following unmet **community or adult service** needs for students with disabilities who exited high school in June 2009.

	<b>Critical Need</b>	<b>Great Need</b>	<b>Problematic</b>	<b>Not Applicable</b>
Competitive/supported employment				
Transportation				
Funding for supported housing and community living				
Programs and Services for young adults with learning disabilities and higher functioning cognition				
Programs and Services for young adults with developmental disabilities				
Programs and services for youth with mental health needs				
Programs and services for youth with autism.				

5. Is the local mental health provider/agency involved with your local TPC?
6. Describe the membership of your TPC (e.g., parents, youth/consumers, educators (special, regular, vocational); post-secondary education; parents of youth with disabilities; local business or industry; DHS (all areas); public and private adult service providers; case coordination). Have you had a struggle to involve any of these possible members? Which ones?
7. If there is a struggle to involve any entity not checked in Question # 6, please list them
8. Identify the school - based educational transition supports/services not available to students who exited high school in June 2009 that the committee would have really wanted offer?
9. How has the TPC creatively addressed any educational and/or community-based unmet needs? Please list the top activities/supports/services provided that produced better than anticipated outcomes.
10. What is the perception of members of the TPC regarding the State of Illinois' capacity to provide adequate transition services to insure quality outcomes relative to the four transition areas listed?

### Transition Regional Map



#### Transition Planning Committees by Region

TPC	TPC #	Regions	Consortium Location
Southland	27	1	Northern Regional
Chgo, South/Southwest Suburban	28	1	Northern Regional
West Suburban	29	1	Northern Regional
BEST	34	1	Northern Regional
CAST	39	1	Northern Regional
DeKalb County	18	2	Northern Regional
Will-Grundy	19	2	Northern Regional
Kankakee County	20	2	Central Regional
McHenry	21	2	Northern Regional

Winnebago	24	2	Northern Illinois
NITPC	25	2	Northern Illinois
Boone County	30	2	Northern Illinois
DuPage County	31	2	Northern Illinois
Lake County	32	2	Northern Illinois
Northern Suburban	33	2	Northern Illinois
Kane County	37	2	Northern Illinois
Champaign Cty	13	3	Central Regional
McLean County	14	3	Central Regional
VASE	15	3	Central Regional
Livingston County	16	3	Central Regional
Knox/Warren	17	3	Central Regional
Illinois Valley	22	3	Central Regional
Central Illinois	23	3	Central Regional
Quad Cities/Tri-County	26	3	Central Regional
Western Regional	40	3	Central Regional
Sauk Valley	41	3	Central Regional
Macon Piatt TPC	4	4	Central Regional
Jacksonville	5	4	Central Regional
TPC of Coles County	6	4	Southern Regional
Quincy	7	4	Central Regional
Springfield/SAS	12	4	Central Regional
Montgomery/Macoupin	38	4	Central Regional
Christian Cty	42	4	Central Regional
Madison County	1	5	Southern Regional
St. Clair, Monroe,Randolph	2	5	Southern Regional
Southern Cty	3	5	Southern Regional
WOVSED	8	5	Southern Regional
MidState	9	5	Southern Regional
Clinton Marion Washington	10	5	Southern Regional
Southeastern IL	11	5	Southern Regional
Mid-South	36	5	Southern Regional

**School District’s Transition Data Collection Results**

Illinois State Board of Education presents another mechanism for data collection. This data is based upon data included in the ISBE State Annual Report on Special Education. Local school districts enter data into the Funding and Child Tracking System (FACTS) for Transition Services Needed Upon High School Completion.

The FACTS database captures information on anticipated post-secondary services needed upon high school completion for all transition-aged students receiving special education services. This data is entered at the district level for all transition-aged students. Results for the 2008-2009 school year indicate students’ anticipated needs for Employment, Post Secondary Education, Post Secondary Training and Independent Living for the 94,660 students with IEPs ages 14 ½ or older.

2008 – 2009 School Year  
Top Three Identified Services for Each Transition Service Area

Employment	Post-Secondary Education	Post-Secondary Training	Independent Living
1. Counseling and guidance including, but not limited to vocational, rehabilitation, social work, and psychological counseling and referrals	1. Counseling and guidance including, but not limited to, vocational, rehabilitation, social work, and psychological counseling and referrals	1. Counseling and guidance including, but not limited to, vocational, rehabilitation, social work, and psychological counseling and referrals	1. Counseling and guidance including, but not limited to, vocational, rehabilitation, social work, and psychological counseling and referrals
2. Competitive employment at a job in the regular business community without support	2. Case management, person centered planning, provision of linkages to needed supports and services, assistance in learning and exercising self-advocacy	2. Vocational and other training services including personal and vocational adjustment training, books, tools, and other training materials	2. Case management, person centered planning, provision of linkages to needed supports and services, assistance in learning and exercising self-advocacy
3. Case management, person centered planning, provision of linkages to needed supports and services, assistance in learning and exercising self-advocacy.	3. Post-secondary education/training supports such as appropriate disability documentation, DRS status, the student’s identified need for a range of support services and programming	3. Case management, person centered planning, provision of linkages to needed supports and services, assistance in learning and exercising self-advocacy	3. Transportation, including necessary travel and related expenses