

INTERAGENCY LINKAGES



INTERAGENCY LINKAGES

IDEA requires that transition be an interagency process, which includes representatives from agencies and/or private services in addition to the student, school and family. Schools will invite other personnel as the student and family begin to identify outcomes and determine the student's transition needs and services. At least three factors should be considered to determine which agencies should be included at any meeting at which transition will be addressed. The term agency is used in this section to refer to any potential agency, service or program, public or private, which may be involved in the transition process.

1. Agencies that are currently involved with the student or family.
2. Agencies who could provide needed information to the team.
3. Agencies that are likely to become involved in providing support or services once the student leaves public secondary education and transitions into the community, a job, or post secondary training. These agencies may be responsible for the direct provision of support services or they may be a purchasing agent for support services.

EXAMPLES OF AGENCIES

Georgia Department of Education

The Georgia Department of Education (DOE) is responsible for assuring that local school systems implement federal and state laws related to education, including education for students with disabilities. Within the DOE, the Divisions for Special Education Services and Supports works closely with parents, local systems and other agencies to ensure that all students receive the free and appropriate public education to which they are entitled. Education in Georgia is locally controlled which means that local school systems are responsible for developing and implementing their own policies and procedures based on the rules and laws of both the state and the federal government. Regarding transition planning, the role of the state department answers questions, provides technical assistance, monitors systems for compliance with the laws and ensure that transition planning and implementation is occurring.

Questions about the transition process should first be addressed to the local school system the student attends. If the question or concern cannot be answered at the local level, Georgia DOE may be contacted by calling (404) 656-3963. Additional information or assistance in providing training on transition may be obtained through the Divisions for Special Education Services and Supports. Also in Georgia, the network of 17 Georgia Learning Resources Systems (GLRS www.glr.org) can provide information and technical assistance to parents, teachers and other parties.

Georgia Department of Education: Divisions for Special Education Services and Supports

www.doe.k12.ga.us

Georgia Department of Education
1870 Twin Towers East
Atlanta, GA 30334
404-656-3963

Office of State Coordinator of Career, Technical, and Agricultural Education

Georgia Department of Education
1752 Twin Towers East
Atlanta, GA 30334

Georgia Vocational Rehabilitation Agency

<http://GVRA.georgia.gov/>

****Please click on any of the icons above to learn more about the various Rehabilitation Services offered in Georgia.**

The Georgia Vocational Rehabilitation Agency (GVRA) assists people with disabilities in obtaining work. As a work program, GVRA simultaneously generates and conserves tax dollars by providing people with disabilities opportunities to become employed taxpayers. In addition, the GVRA program provides Georgia businesses with a dependable source of qualified employees. The GVRA program provides services statewide through 12 regional offices and 54 strategically located local offices. Teams of experts, vocational rehabilitation counselors, account representatives, work preparation technicians, assistive work technology experts, and program assistants staff these “hubs”. An employment manager supervises each hub.

From eligibility determination through assessment, from work plan development to job placement, GVRA clients have the benefit of a broad range of expertise from service delivery hub teams. Since the teams work on the local level, there is comprehensive knowledge of both the employment community and the support services available to the job seeker.

GVRA provides only those services necessary for the qualified individual to meet the established work goal. Need for and provision of services varies based upon the completion and outcome of the Work Program Development for each individual client. Among the services are:

- Counseling and Guidance
- Work Adjustment Training
- College and University Training
- Supported Employment
- Work Readiness Training
- On-the-Job Training
- Vocational and Technical Training
- Job Coaching

Georgia Vocational Rehabilitation Agency

Top Ten Things for Schools to Know

- 1. Vocational Rehabilitation (GVRA) is an employment program to assist people with disabilities to work. GVRA works with high school students, supplemented with parental and school input, to identify transition needs. Those who apply for services need to be willing and able to work (following the provision of available services). Vocational Rehabilitation is a program that coordinates the provision of employment related services, such as vocational training and job placement assistance, to persons with disabilities who can eventually be employed.**
- 2. Anyone can apply or refer someone for services at any time. If a student is not ready for vocational services while in school, it should not be viewed as a missed or one-time opportunity.**
- 3. GVRA is available to the school system to assist with transition planning. Students who are referred for services should be referred during their last two years of high school, unless it is agreed that special circumstances exist where the student is at least 16 years old and is at risk of dropping out.**
- 4. Students may not be ready for vocational rehabilitation for several reasons, including age, date of expected exit from school, lack of a qualifying impairment, medical instability, and/or behavior problems that keeps them from cooperating in programming. Teachers are encouraged to discuss specific students with vocational rehabilitation counselors regarding appropriate referrals.**
- 5. Every referral does not necessarily lead to an application for GVRA services. Opening a case is dependent upon eligibility as well as student and/or parental choice.**
- 6. Because GVRA policy requires quality individualized services, an assortment of assessments, evaluations, and documentation may be necessary. Although the progression of a case is expected to be timely, it should not be assumed that referral today means services tomorrow.**
- 7. If a student is not ready for GVRA services, he/she can be referred at a later date. If a student is determined ineligible, application for services may be made again, should there be a change in circumstances. If a student's case is closed by GVRA for any reason, he/she can reapply to get a new case opened; however, some closures may require a 6-month waiting period before reopening.**
- 8. Although Vocational Rehabilitation does provide a variety of services, they should not be described to students or parents as things "GVRA will do" for them. Each individual is assessed to determine individual needs; no two cases are alike. GVRA may pay for a service for one student but not for another. Services are provided based on need, client choice,**

individual circumstances, available funds, and desired outcome. Services are funded based on the unique needs and economic circumstances of the individual, availability of funds and GVRA policies. GVRA assesses an individual’s eligibility for specific services; there is no automatic entitlement to specific services.

9. Vocational Rehabilitation uses a “team” approach to provide comprehensive services to students. Each counselor is part of a team of GVRA staff. Some services require consensus from the team and will be staffed accordingly. Each counselor is also expected to be part of the student’s individual team that may be comprised of the student, counselor, teacher, parent, and/or any other appropriate individual.

10. Each school system has two options for the GVRA counselor assignment. The first option is to contract with the GVRA program for a Service Delivery Team. In this case, there are specific services that are delivered by the team to the school system. The second option is for the school to be incorporated into the general needs of the region. The GVRA counselor serving the community where the school is located will include that school as part of his/her total assignment. It is important to note that option two naturally provides counselors with less time to devote to the specific school(s). Each school system is responsible for deciding which option is best for its students.

A FINANCIAL NEEDS ASSESSMENT

A financial needs assessment is completed on each case when Vocational Rehabilitation funds will be utilized in providing services for an individual. Financial need is established after program eligibility is determined and prior to the authorization of GVRA funds for some purchased services.

All personal financial resources available to the individual must be considered when completing the Financial Needs Assessment form. These resources may include those of the spouse and/or anyone legally responsible for the support of the individual. The vocational rehabilitation counselor may ask the individual to provide written documentation such as payroll receipts, tax records, etc. to support his/her economic circumstances.

Individuals who are current recipients of Supplemental Security Income (SSI) and/or Temporary Assistance to Needy Families (TANF) are considered eligible to meet the financial need criteria requirements. Current recipients of Social Security Disability Insurance (SSDI) are considered eligible if they are not spouses or dependents of another person.

The Financial Needs Assessment is completed during the initial application, or as soon as possible after it is known that GVRA funds are to be utilized to provide services.



GEORGIA VOCATIONAL REHABILITATION AGENCY
Vocational Rehabilitation Program

REGION 1

450 Riverside Parkway, Suite 210, Rome 30161-2942

706-295-6407

706-295-6778 fax

Twyla Crump, CRC, Regional Director

REGION 2

311 Green Street, NW, Suite 209, Gainesville 30501

770-535-5930

770-535-5904 fax

Cynthia Hanna, Regional Director

REGION 3A

10 Park Place South SE, Suite 602, Atlanta 30303-2928

404-657-3510

404-657-4731 fax

Jennifer Hudson, Regional Director

REGION 3B

1630 Phoenix Blvd, Suite 101, College Park 30349-5506

770-909-2700

770-909-2742 fax

Barbara Richards, Regional Director

REGION 4

1575 Highway 34 East, Suite A, Newnan 30265-1325

770-254-7210

770-254-7215 fax

Trish Cooper, Regional Director

REGION 5

125 Athens West Parkway, Athens 30606-6942

706-354-3900

706-354-3943 fax

Melanie Poole, Regional Director

REGION 6

2720 Riverside Drive, Suite 132, Macon 31204-7707

(Mail: P.O. Box 7566, Macon 31209-7566)

478-751-6272

478-751-6446 fax

Lary Hawkins, Regional Director

REGION 7

1220-H West Wheeler Parkway, Augusta 30909-1895

(Mail: P.O. Box 15747, Augusta 30919-1747)

706-650-5600

706-650-5624 fax

Ava Scarce, Regional Director

REGION 8

233 12th St., Suite 100-B, Columbus 31901-2451

(Mail: P.O. Box 2863, Columbus, GA 31902-2863)

706-649-1560

706-649-1573 fax

Annette McCauley, CRC, Regional Director.

REGION 9

Hillcrest Parkway, 103-B Mercer Drive, Dublin 31021

478-274-7676

478-274-7658 fax

Larry Daniel, D. Min., Regional Director

REGION 10

110 Pine Avenue, Albany 31701-2529

(Mail: P.O. Box 1606, Albany 31702-1606)

229-430-4461

229-430-4466 fax

Dianne Davis, CRC, Regional Director

REGION 11

221 South Ashley Street, Valdosta 31601-5611

229-333-2170

229-249-2675 fax

Sid Burden, CRC, Regional Director

REGION 12

Oglethorpe Office Park, 410 Mall Blvd., Suite B

Savannah 31406-4869

912-356-2130

912-691-6816 fax

Allen Beall, Regional Director

Georgia Department of Behavioral Health and Developmental Disabilities – (DBHDD)

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) is responsible for publicly funded mental health, developmental disabilities, and addictive diseases services within the state. It is the responsibility of DBHDD's seven Regional Offices located throughout the state to identify consumer needs and plan, coordinate, monitor, and evaluate services for all publicly supported hospital and community services in the DBHDD system. There is a single point of entry in each region to assess needs and eligibility for non-educational services.

Developmental Disabilities (DD)

Each of the five Regional Offices has a single agency responsible for Intake and Evaluation of people who have developmental disabilities. For a person with developmental disabilities to be considered for services, they must go through a screening process conducted by the Regional Office Intake and Evaluation Team. Individuals or families seeking services should contact the Regional Office Intake and Evaluation Team directly. A listing for each region is included below and in Appendix A. If an individual or family member has questions, they are encouraged to contact their Regional Office. Although Georgia has experienced significant growth in funding for its developmental disabilities services in the last several years, there are still many more people in Georgia needing services than there are new resources available. When it is determined that people meet the need and eligibility requirements for services, they are placed on either a long-term or short-term Planning List. The Regional Offices maintain the Planning List for their respective regions. A statewide planning list is also maintained. Data is kept on the number of people needing services, the type of services they need, and the circumstances surrounding their needs. As funding becomes available, the Regional Office considers the needs of all individuals on the Planning List and is able to authorize services based on priority need. Consumers and families have choices regarding providers and services, as well as significant input into the planning and delivery of services.

Most of Georgia's developmental disability services are supported by Medicaid Waiver dollars, allowing state funds to be matched with federal funding. However, other funding sources are utilized including client fees and state dollars.

Examples of Services Contracted or Authorized by Regional Offices

1. **Family Support Services** – Family support is an array of goods and services aimed at providing families with the individual support they need to continue to care for a family member with disabilities in the home. Families are eligible only if the person with disabilities is residing in the home or if the funds are to be used to prepare the home and family for the return of the individual to the home from an alternate placement. Eligible families are served by family support within the limits of the funding available. Eligibility does not equate to an entitlement to services. Services may include respite care, personal support, medical support, specialized clothing, recreation, environmental modifications, specialized equipment, therapeutic services, counseling, parent training, supplies, etc.

2. **Respite Care Services** – Each region contracts with a provider(s) to provide respite services. Some families access only respite care services. The services are for brief periods of support and may be provided in or outside of the home. The extent and schedule is determined by the families needs.
3. **Residential Services** – Residential services are funded primarily through the Medicaid Waiver. Residential services vary based on individuals needs and range from personal supports in a family’s home to a home that is staffed 24 hours a day. Individuals live with up to three other individuals receiving training and support as outlined in service plans. Training and support may be in self-care skills, communication, mobility, leisure, health care, safety, etc.
4. **Day and Employment Services** – Day and employment services are designed to assist the individual with the development, retention, and improvement of skills that create a meaningful day. Activities are routinely provided in community settings to increase access and provide training in a natural setting. Based on an individual’s needs, other training areas may include mobility, money management, socialization, recreational skills, self-care skills, and pre-vocational skills. For other individuals, support to work in real jobs is the primary goal. Therefore, job development, supervision, and training are provided in order to meet this goal.

Developmental Disabilities (DD)

- Family and personal support provide training and a range of in-home services to help people with developmental disabilities continue to live with families or on their own.
- Day programs help people develop work and social skills.
- Residential programs include supervised homes or apartments and substitute families with the support the residents need.
- Respite services offer temporary care during an emergency or when the family needs some time apart from the home.
- Supported employment helps people with developmental disabilities find and keep regular jobs.
- Group homes and other residences offer different levels of supervision.
- Emergency services include short-term medical care and other levels of help during a psychiatric crisis.

Emotionally Disturbed

- Outpatient services include diagnosis, evaluation, counseling for the child and family, and medication when needed.
- In-home crisis teams work with the family and the child in the home during a serious crisis.
- Day treatment programs after school and on weekends help children improve behavior and study skills. Therapeutic foster care and group homes give children and teens a safe place to live and get treatment if they cannot live with their families.
- Respite care gives families and foster families a temporary rest from the strain of caring for a child with severe problems.
- State hospitals located in Atlanta, Milledgeville, Thomasville, and Savannah provide short-term inpatient treatment when needed for extreme emergencies.
- Outdoor therapeutic programs located in Warm Springs and Cleveland help troubled children in a wilderness setting.

- Multi-Agency Teams for Children (MATCH) find residential treatment for a number of limited severely disturbed children and teens.

Each region has a Regional Advisory Board that meets monthly. Within each region, the role of the advisory board is to engage in disability services planning to meet the needs of all persons with disabilities. Families are encouraged to become involved with their Regional Advisory Board to provide input into the planning and delivery of services. This involvement increases the Regional Office's awareness of the need for services to be available to young adults transitioning from the educational system to adult services.

A Guide to Services for Persons with Mental Retardation and Developmental Disabilities has been developed to provide consumers and families additional information on eligibility and the intake process. A copy of the guide is included in the Appendix.

DBHDD The regional offices are the contact points for people needing treatment for mental illness or addictive diseases, or substance abuse prevention services. Services are provided across the state through seven regional hospitals, and through contracts with 25 community service boards, boards of health and various private providers. In addition to providing treatment, support and prevention services, contracted community programs screen people for admission to state hospitals and give follow-up care when they are discharged.

DBHDD's mission is to help build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness. The agency seeks to engage all communities in the provision of effective services by making sure that they have access to the latest information on evidence-based practices and accountability standards. Programs continue to support and implement goals of Accountability, Capacity, and Effectiveness. Data from Georgia's most recent Substance Abuse Treatment Needs Assessment and other data collected by DBHDD are relied on by providers and other partners. Our programs are increasing access to and effectiveness of treatment and prevention services. For general information and county specific information call 404-657-2272 or by website: <http://dbhdd.georgia.gov/>

Department of Behavioral Health and Developmental Disabilities

REGIONAL OFFICES

REGION 1

1305 Redmond Circle
Building 401
Rome, Georgia 30165
Phone – (706) 802-5272
Toll Free – 1-800-646-7721

REGION 2

3405 Mike Padgett Highway, Building 3
Augusta, GA 30906
Phone – (706) 792-7733
Fax – (706) 792-7740

Toll Free – 1-866-380-4835

REGION 3

100 Crescent Centre Parkway, Suite 900
Tucker, GA 30084
Phone – (770) 414-3052
Fax – (770) 414-3048

Toll Free – 1-866-380-4835

REGION 4

PO Box 1378
Thomasville, GA 31799-1378
Phone (229) 225-5099
Fax (229) 227-2918

Toll free: 1-877-683-8557

REGION 5

1915 Eisenhower Drive, Building 2
Savannah, GA 31406
Phone – (912) 303-1670
Fax – (912) 303-1681
Toll Free 1-800 348-3503

SOCIAL SECURITY ADMINISTRATION

The information contained in this section is general information. Each family should work closely with the Social Security Administration (SSA) to receive current information and appropriate benefits.

Supplemental Security Income (SSI)

SSI is considered a welfare program and is for those persons who are impoverished and disabled to the point of being unable to work or, for children, disabled to the point of having marked and severe functional limitations. A person, or the child's family, must have less than \$2000 in assets when applying for SSI and must earn less than \$7,000 per year. A home and one car are excluded from the \$2000 asset maximum. A person cannot accumulate more than \$2000 while on SSI benefits; again this does not include a home and a car. A person receiving an SSI cash benefit also receives Medicaid.

Each year Congress establishes a **Federal Benefit Rate (FBR)**. The dollar amount of the FBR is the maximum amount an individual adult eligible for SSI can receive. This is a monthly figure. An individual's income or the child's family income, both earned and unearned, as well as their living situation, can affect the maximum amount and cause adjustments to that figure. Each situation is considered individually, but the maximum rate cannot be exceeded.

An adult receiving SSI can go to work and may possibly continue to receive reduced benefits. As their income increases, the SSI benefit will be decreased. In general, there is first an exclusion of income, and then for every two dollars gained, SSI will be reduced by one dollar. Even if a person's income increases to the point they become ineligible for any cash benefit, they may still continue to receive Medicaid if they need it in order to continue working.

Social Security Disability Insurance (SSDI)

SSDI is the Disability Insurance program. If an individual is an insured worker, i.e., has worked a sufficient period of time, paid into the Social Security system, and then becomes disabled, he/she will qualify as a disabled worker under the SSDI program. In addition, his/her disabled adult child (or children) may qualify for benefits as a **Childhood Disability Beneficiary (CDB)**.

To qualify as a CDB the individual must:

- 1) be at least 18 years of age;
- 2) have a disability that occurred prior to the age of 22; and
- 3) be the son/daughter of a qualified worker who is receiving SSDI, or is receiving Social Security Retirement, or is deceased.

SSDI and CDB are both known as Title II programs and have the same regulations and rules for eligibility and maintenance of benefits. Persons eligible for SSDI or CDB are also eligible for Medicare after a 24-month waiting period. The monthly disability benefit amount is based on the Social Security earnings record of the insured worker.

Social Security Administration: <http://www.ssa.gov>
Social Security Guide for School Professionals:
<http://www.ssa.gov/disability/professionals/childhoodssi-pub049.htm>

Click below for information on Ticket to Work Resources in Georgia or copy and paste the link into your browser :

<http://www.chooseworkttw.net/resource/jsp/SearchByStateAction.jsp>

Work Incentive Planning and Assistance (WIPA) – Georgia

(A **FREE** service provided by two providers in Georgia; see the following pages for a map of the counties served by the following:

- Benefits Navigator (The Shepherd Center)
- Georgia Rehabilitation Outreach Program (GROU) – the Georgia Vocational Rehabilitation Agency)

Work Incentive Planning and Assistance (Formerly BPAO)() is a program that was originally created as part of the Ticket to Work – Work Incentives Act (TWWIA) signed into law by the Clinton Administration in 1999. As part of that legislation, the Social Security Administration negotiated cooperative agreements with selected providers in each state to provide Work Incentive s Planning and Assistance services to people between the ages of 14 and 65 who receive Supplemental Security Income (SSI), Social Security Disability Income (SSDI), or both, based on a medical condition. Any disability recipients who meet these criteria and are interested in pursuing work goals may receive:

- Information and assistance on how employment will impact Social Security and other state benefits.
- Information for students and parents on SSI Age 18 Redetermination , the Student Earned Income Exclusion and other school to work transition issues .
- Advice on the use of work incentives such as Plan for Achieving Self-Support (PASS), Impairment-Related Work Expense (IRWE), Trial Work Period and 1619B (maintaining Medicaid while working).
- Counseling about work options and support services in other available programs to help them explore their employment choices.
- Follow-up and guidance.

Contact Information for
Social Security Work Incentive Planning and Assistance Projects in Georgia

**Benefits Navigator Project:
The Shepherd Center**

Sally Atwell 404-350-7589
Sally_Atwell@Shepherd.org

Curtis Rodgers 404-350-7598
Curtis_Rodgers@Shepherd.org
www.benefitsnavigator.org

Toll free: 1-800-283-1848

FAX: 404-350-7596

**Georgia Vocational
Rehabilitation Agency
(GVRA)_ Georgia
Rehabilitation Outreach
Project (GROUP)**

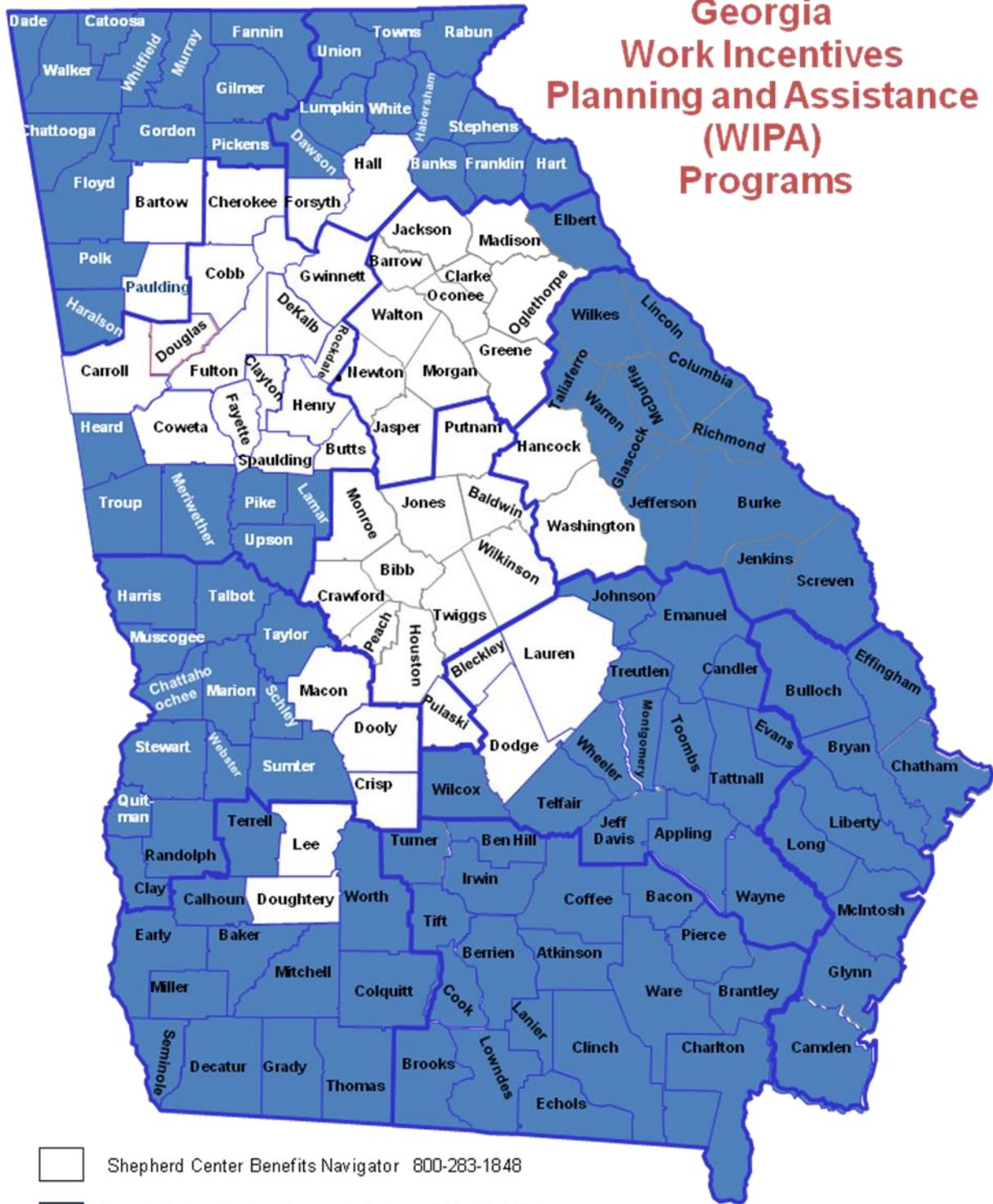
Shanti Aaron

404-232 1966-
Shanti.Aaron@gvra.ga.gov Email for
referrals -group@gvra.ga.gov

Toll free 1-866-489-0001

Georgia Relay 711
Atlanta Metro fax: 404-232-1800

Georgia Work Incentives Planning and Assistance (WIPA) Programs



- Shepherd Center Benefits Navigator 800-283-1848
- Georgia Rehabilitation Outreach Project 866-489-0001

MEDICAID

Children under the age of 18 who are financially ineligible for SSI because of their parents' income, but who meet the SSI disability requirements are financially eligible for Medicaid. Georgia has a **Deeming Waiver** (previously called the Katie Becket Waiver), which allows the state to ignore the income and resources of parents of children with disabilities for purposes of Medicaid eligibility. In order to apply for the Deeming Waiver the child must meet the following:

- Child must be under eighteen years of age.
- Must meet Social Security Disability criteria.
- Caring for the child at home must be cost effective.
- Child must be ineligible for SSI due to income and/or assets of the family.
- Child must meet the criteria for nursing home placement. This does not mean the child must be placed in a nursing home, simply that he/she meets the nursing home criteria for care.

To apply for the Deeming Waiver a family needs to contact the local county Department of Family and Children Services (DFCS). Refer to *Health Insurance Options for Children* located in the Appendix.

In Georgia, the types of Medicaid Services covered include:

- X-rays and lab test
- Examination along with preventative care for children
- Home Health services
- Physical, speech and occupational services
- Mental health services
- Orthotics and prosthetics
- Durable medical equipment (wheelchairs, walkers, etc.)
- Nursing home care
- Dental services for children
- Vision Care
- Hospice care
- Transportation to and from care

Georgia Rehabilitation Outreach Program

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Federal law mandates that each state offer screening, diagnosis, and treatment services deemed medically necessary to all recipients under the age of 21. Many children with autism may receive the individualized support and wrap-around services in order to remain at home and in their community. All children under the age of 21 and receiving Medicaid are eligible for EPSDT services.

Sources/Resources on Medicaid

Centers for Medicare and Medicaid Services

The federal government's official web site on Medicare and Medicaid, which includes information about health services, EPSDT, and waivers www.cms.gov

The DESK.INFO

This helpful site provides information on Medicaid Waivers in various states. www.thedesk.info

Home and Community-based Services Network

This site provides extensive data on Medicaid state funding for long-term care.
www.hcbs.org

Interagency Transition Councils

An Interagency Transition Council involves a group of key stakeholders who are involved with students in their process of transitioning from school to post-school activities. These activities include, but are not limited to, the following: integrated employment, post-secondary education, vocational training, adult services, independent living services, and community participation.

It's All About Making Connections

A transition council is about making connections with others in the community for the benefit of students with disabilities. The connections made are powerful and working together develops into a natural collaboration. Spending the first year as a council getting to know one another is important in laying a foundation for collaboration on projects later on. Members will be more effective going out into their community to educate those they interact with. Spending time identifying what members do for people in their community is essential in learning how to work together as a unified front in changing the lives of students with disabilities.

Levels of Interagency Transition Councils

1. State Interagency Transition Council- Includes members of state level departments and organizations that look at providing interagency direction, establishing policy, and sharing funding streams.
2. Regional Interagency Transition Council- Includes members from adjoining counties that include: school system personnel, transition coordinators, regional service providers, regional organizations such as March of Dimes etc, parent mentors, Voc Rehab office, postsecondary institution representatives etc. The regional RESA office can be instrumental in coordinating the group and setting up the first meeting. Regional Interagency Transition Councils work well in rural communities where several counties often share the same resources. Informational sharing about area resources, networking and interagency coordination/contact are the main focus of the regional ITC.
3. Local Interagency Transition Council- Includes members from the school system, service providers, state agency reps, various community departments and organizations, parents, advocacy groups etc. The list of potential council members is endless depending on community needs and goals in assisting students with the transition process.
Within the local ITC framework there are three type models:
 - Student Specific Council_ designed to staff specific students and develops strategies for the transition of individual students.
 - Informational Council_ designed to collect and disseminate information related to transition services. Sharing information to access services for students.
 - Combination Council- Accomplishes both models listed above.

** Local ITC's may start out as an Informational Council and then move into a Student Specific or Combination Model after the first year of development. The type of model adopted will depend on council goals and members,

Families and children in the community benefit from the local Interagency Transition Council in the following ways:

- Reduces frustration of families who are searching for available services
- Identifies children in need preventing them from falling through the cracks
- Facilitates the transition of children and families moving between programs
- Increases public awareness of community programs and services
- Locates and identifies new services regularly
- Identifies gaps and barriers to service delivery
- Prevents duplication of services

How To Get An ITC Started

1. Identify a list of service providers and community partners to be invited

- School System Personnel
- Vocational Rehabilitation Counselor
- Adult Service Providers
- Chamber of Commerce Officers
- Social Security Benefits Navigator Team
- Post Secondary Institution Representative
- DFACS
- Juvenile Justice
- Housing Authority Representative
- Local Business owners
- Organizations like the United Way, Lions Club, YMCA, Goodwill, Easter Seals etc.
- City Parks & Recreation
- Public Transportation Providers
- Parents

2. Network with other facilitators who have established transition councils. A good way to understand how an ITC works is to sit in on one of their council meetings and see one in action.

3. Secure meeting location.

4. Prepare an invitation to include a brief transition council description. Introduce yourself as a facilitator who is forming a new council in the community. Send invitations initially via US mail. Include an RSVP with the invitation along with your contact information.

5. Prepare first meeting agenda to include establishing a council mission statement and the development of council goals. Include on the agenda time allotments for activities to keep the meeting on-task.

The First ITC Meeting:

Steps to Help a Council Start

- Introduction of team members and the organizations they represent- this may include an activity to get acquainted and will establish a positive tone for the rest of the meeting.
- Provide a handout or PowerPoint defining what a transition council is and the council models available to establish a purpose:

Determine the type of council the group would like to form:

1. Student Specific- designed to staff specific students and develop strategies for the transition of individual students.
2. Informational Council- designed to collect and disseminate information related to transition services. Sharing information to access services for students.
3. Combination Council- Accomplishes both models listed above.

Tips for Adopting Mission Statement:

- Divide members into small groups to brainstorm mission statements that best define the councils' goals.
- Have each small group share their statements.
- As a group, use the statements shared as a base to start piecing together bits and pieces from the statements the group liked best and combine the best points to make new mission statements.
- Vote on best statement of purpose and adopt as council mission statement.

Identify Council Goals

- Based on the adoption of council type and mission statement, the council can identify possible goals they would like to accomplish.
- Prioritize goals and vote on the goal the council thinks is of primary importance.

Set Calendar

- Decide on the number of meetings needed to accomplish council goals and maintain fidelity to the mission statement adopted.
- Set dates for future meetings before adjourning.

Final Tips

- The facilitator is responsible for: scheduling meetings, obtaining meeting locations, sending invitations, planning the agendas, arranging speakers/presenters and conducting the meeting according to schedule.
- Elect a council member to serve as secretary to maintain a record of each meeting. From this, develop and publish a report of achievements on an annual basis. This information will be valuable in maintaining and expanding the transition council.
- Use council goals to develop the structure for future council meeting agendas.

Activities Performed by ITC Councils

Among the many activities that a local ITC may become involved with are:

1. Develop and maintain organizational linkages by developing an interagency agreement among ITC members and organizations.
2. Create and maintain organizational linkages by developing a Community Services Manual. The manual should be used as a resource to link service agencies to school districts and should contain information which describes the service agency's:
 - programs
 - services
 - eligibility criteria
 - contact personnel
3. Design and implement agency staff development in schools.
4. Expand and implement county-based transition activities (Transition Informational Workshops, School Career Days etc.)
5. Design and implement agency/parent activities (Host local Transition Fairs and Workshops coordinated with all stakeholders and service providers, host a College Fair)
6. Conduct community needs assessments to determine what is working, identify challenges, and develop solutions.
7. Conduct strategic planning in order to develop short and long term strategies and priorities for addressing service needs and improving the transition services delivery system.
8. Fund raise to develop student scholarships for camps and postsecondary training.
9. Increase community awareness by being active with the local Chamber of Commerce. Attend ribbon cuttings and grand openings of new businesses to create awareness of the benefits of hiring the disabled.
10. Create a video library for parents on various services and resources available.
11. Develop an informational website for the community on transitional topics.

Additional Resources:

For more information please visit the “Essential Tools Interagency Transition Team Development and Facilitation Toolkit” document found on the following link for more tips and information on forming an effective ITC:

<http://www.ncset.org/publications/essentialtools/teams/default.asp>

Websites that contain ITC information:

www.ncset.org

www.transitioncoalition.org

www.pacer.org

The previous sources may be of help to you as you consider the transitional needs of your student. While these sources are provided to assist you in your search, it is your responsibility to investigate them to determine their value and appropriateness for your situation and needs. These sources are provided as a sample of available resources and are for informational purposes only. THE GEORGIA DEPARTMENT OF EDUCATION DOES NOT MONITOR, EVALUATE, OR ENDORSE THE

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