587 – TRANSITION TO ADULTHOOD[1]

EFFECTIVE DATE: UPON PUBLISHING[2]

APPROVAL DATE: 02/08/24[3]

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), DES/DDD (DDD) Contractors. This Policy is an optional resource for Fee-For-Service programs and is not a requirement for FFS providers. This Policy intends to strengthen practice in the System of Care and promote continuity of care through collaborative planning by:

1. Supporting individuals transitioning into early adulthood in ways that reinforce their health and wellness.

2. Ensuring a smooth and seamless transition from the Children System of Care to the Adult System of Care.

3. Fostering an understanding that becoming a stable and productive adult is a process that occurs over time and can extend beyond the age of eighteen.

II. DEFINITIONS

Refer to the AHCCCS Contract and Policy Dictionary for common terms found in this Policy including:

BEHAVIORAL HEALTH INPATIENT FACILITY (BHIF)	**CHILD AND FAMILY TEAM (CFT)**	**CONTRACTOR**
DEPARTMENT OF CHILD SAFETY (DCS)	**INDIVIDUALIZED EDUCATION PLAN (IEP)**	**MEMBER**
REHABILITATION SERVICES ADMINISTRATION (RSA)	**VOCATIONAL REHABILITATION (VR)**	

III. POLICY

Transition to adulthood is occurring at later ages and over a longer span of time, many young people in their 20's may still require the support of their families. Involving families in the transition planning process and identifying the individual needs of youth acknowledges the diversity that is needed when accessing services and supports.

[1] AMPM Behavioral Health Practice Tool 280 is reserved as pertinent information has been incorporated into new AMPM Policy 587.
[2] Date the policy is effective.
[3] Date the policy was approved.

Often, youth who successfully transition to adulthood are those that acquire a set of skills and the maturational level to use these skills effectively. Transition planning can emphasize interpersonal skill training through a cognitive-behavioral approach to help youth develop positive social patterns, assume personal responsibility, learn problem-solving techniques, set goals, and acquire skills across various life domains. Thus, it is the responsibility of the behavioral health system to ensure young adults are provided with the supports and services they need to acquire the capacities and skills necessary to navigate through this transitional period to adulthood. The Contractor shall ensure that their subcontracted network of providers utilize the best practices outlined in this Policy for assisting youth in transitioning to adulthood.

A. PROCEDURES

The Contractor shall ensure that clinical practice and behavioral health service delivery is individualized, strengths-based, and culturally sensitive in meeting the needs of children, youth, and their families. Planning for a youth's transition to adulthood involves a working partnership among team members in the Children's System of Care and the Adult System of Care. The Contractor and their subcontractors shall adhere the procedures clearly specified in AMPM Policy 520, which require that transition planning begins when the youth reach the age of 16. However, if the Child and Family Team (CFT) determines that planning should begin prior to the youth's 16th birthday, the team may proceed with transition planning earlier to allow more time for the youth to acquire the necessary life skills, while the team identifies the supports that will be needed. For youth who are age 16 and older at the time they enter the Children's System of Care, planning shall begin immediately.

1. Team Coordination
   a. Serious Mental Illness (SMI) Determination
      If it is determined that the member has a qualifying Serious Mental Illness (SMI) diagnosis or if a determination is requested by any member of the CFT, the Contractor and their subcontracted provider shall ensure that an SMI eligibility determination is completed at the age of 17.5, as specified in AMPM Policy 320-P, unless declined by the guardian. If the youth is determined eligible for services as a person with a SMI, the adult behavioral health provider is expected to join the CFT and participate in the transition planning process. After obtaining permission from the parent/guardian, it is the responsibility of the children's behavioral health service provider to contact and invite the adult behavioral health provider to upcoming planning meetings. The Contractor shall have a process for ensuring collaboration and coordination of care between the CFT and the SMI service provider, and
   b. General Mental Health (GMH)
      As required in AMPM Policy 580, the young adult, in conjunction with other involved family members, caregivers or guardian, may request to retain their current team members and providers until the youth turns 21.

      When a young person is transitioning it is important to establish coordination between the child and adult service delivery systems. This coordination shall be in place no later than four months prior to the transition. To meet the individualized needs of the young adult a coordinated effort is required to identify the behavioral health provider staff who shall be coordinating service delivery, including the services that will be needed and the methods for ensuring payment for those services.

Requirements for information sharing practices, and eligible service funding are outlined in the following policies:

i. Prior to releasing treatment information, the CFT, including the adult service provider, shall review and follow health record disclosure guidelines per AMPM Policy 940, and
ii. If the young adult is not Medicaid eligible, services that can be provided under non-Medicaid funding shall follow Policy guidelines as specified in AMPM Policy 320-T1 and ACOM Policy 431.

2. Transition Planning Considerations
   a. Youth, upon turning age 18, who do not have a court appointed guardian shall be required to sign documents that update their responsibilities with relation to their behavioral health treatment as an adult. Some examples include a new consent to treatment and authorizations for sharing protected health information to ensure that the team members can continue as active participants in service planning. A full assessment is not required at the time of transition from child to adult behavioral health services unless an annual update is due or there have been significant changes to the young adult's status that clinically indicate the need to update the assessment,
   b. Orientation of the youth and their family to potential changes they may experience as part of this transition to the Adult System of Care shall help minimize any barriers that may hinder seamless service delivery and support the youth's/family's understanding of their changing roles and responsibilities, and
   c. The Contractor shall ensure that its subcontracted network of providers:
      i. Evaluate the need for a referral to a family support partner or peer mentor to assist the youth and family in this transition,
      ii. Complete crisis and safety planning prior to the youth's transition, when needed refer to AMPM Policy 320-O, and
      iii. Ensure that the transitioning young adult is aware of the type of crisis services that will be available through the Adult System of Care and how to access assistance in their time of need.

3. Personal choice
   The Contractor shall ensure their subcontracted network of provider's, support:
   a. Young adults in making informed decisions about their treatment, unless there is an appointed healthcare decision maker,
   b. Young adults in developing goals and identifying methods (services and supports) to meet the needs of transitioning to adulthood,
   c. Young adults while including supportive team members,
   d. Young adults while including their parents, as well as any other identified natural supports,
   e. Young adults in the acquisition of self-advocacy skills to assist them in learning how to speak and advocate on their own behalf as outlined in AMPM Policy 584,
   f. Young adults with an understanding of how the behavioral health service delivery systems operate in accordance with the Arizona Vision and 12 Principles for Children's Service Delivery and nine guiding principles for recovery-oriented adult behavioral health services and systems,
   g. Young adults, who have already disclosed to the behavioral health service provider their self-identity as gay, lesbian, bisexual, or transgender, in building community supports and pro-social activities available to them for socialization,

h. Young adults in maintaining or building a support structure will be important as they transition to adulthood, and
i. Young adults in ways that align with the family and young adult's cultural beliefs about this time of life transition.

4. System Partners

The Contractor shall ensure their subcontracted network of providers coordinate with all involved system partners to promote collaborative planning and seamless transitions. Child welfare, juvenile corrections, education, developmental disabilities, and vocational rehabilitation service delivery systems can provide access to resources specific to the youth's needs within their program guidelines. Providers shall be knowledgeable about these programs and the resources that can be utilized to meet the unique needs of each transition-aged youth.

a. School - Behavioral health providers are expected to collaborate with the education system in preparing youth and their parents/caregivers in developing an understanding of what happens as young adults transition from secondary education to adult life. Collaboration with school staff to receive individualized plans shall provide information to assist behavioral health providers with transition planning. Individualized plans include Education Career Action Plan (ECAP), 504 Plan, Transition Plan, and Summary of Performance (SOP). Behavioral health providers shall collaborate with the school to determine if youth are eligible for a transition plan which is a section of the Individualized Education Plan IEP that develops postsecondary goals and provide opportunities that shall reasonably enable the student to meet those goals for transitioning to adult life and is put in place no later than the student's 16th birthday. School-based work activities which can be included in a youth's IEP and can start as early as middle school yet should begin no later than the youth's freshman year of high school, continuing their schooling through the age of 21, as part of their special education services,
b. Department of Child Safety (DCS) - Behavioral health providers are expected to collaborate with DCS, refer to AMPM Policy 585 for additional information. Behavioral health providers shall work with DCS Specialist to determine if youth in foster care may be eligible for services through the Young Adult Program (YAP) and Transitional Independent Living Program (TILP),
c. Department of Economic Security (DES),
d. Youth who have a disability, regardless of whether they are in Special Education, may be eligible for services through the Arizona Department of Economic Security/Rehabilitation Services Administration (DES/RSA) under a Vocational Rehabilitation (VR) program when transitioning from school to work. Behavioral health providers should consider a VR referral and discuss within the CFT meetings. Youth with a disability can be referred to the VR program as early as age 14 or at any time thereafter when they are ready to work with VR to address their career plans,
e. Documentation Assistance - Behavioral health provider shall identify if there is a need to assist young adults and their families/caregivers in accessing or preparing necessary documentation, such as:
    i. Birth certificates,
    ii. Social security cards and social security disability benefit applications,
    iii. Driver's License or Identification cards,
    iv. Medical records including any eligibility determinations and assessments,
    v. Individualized Education Program (IEP) Plans,

vi. Certificates of achievement, diplomas, General Education Development (GED) transcripts, and application forms for college,
vii. Case plans for youth continuing in the foster care system,
viii. Treatment plans,
ix. Selective Service Registration,
x. Voter Registration,
xi. Documentation of completion of probation or parole conditions,
xii. Guardianship applications,
xiii. Advance directives, and
xiv. Redeterminations of DDD Eligibility.

B. TRANSITION PLANNING

The length of time necessary for transition planning is relevant to the needs, and the youth's ability to acquire the necessary skills to assume the responsibilities of adulthood. When planning for the young person's transition into adulthood and the adult behavioral health system, a transition plan that includes an assessment of self-care, independent living skills, behavioral health needs, social skills, work, and education plans, earning potential, and overall stability shall be incorporated into the Service Planning. The Contractor shall ensure their subcontracted network of provider shall consider the following areas when transition planning:

1. Self-care and Independent Living Skills

   As youth approaches adulthood, the acquisition of daily living skills becomes increasingly important. Providers shall assess the self-care and independent living skills needs of each young adult and ensure that services and supports are provided to meet their needs.

2. Vocational/Employment

   In collaboration with the young adults, the team may identify vocational goals that lead to employment or other types of meaningful activities. Employment or other meaningful activities (such as an internship or volunteering in an area of special interest that can provide financial support), personal fulfillment, and social opportunities. Providers along with involved system partners shall work together to prepare the young adult for employment or other vocational opportunities.

3. Service planning that addresses the youth's preparation for employment or other meaningful activities can include, but is not limited to:
   a. Utilizing career interest inventories or engaging in vocational assessment activities to identify potential career preferences, volunteer opportunities, or other meaningful activities,
   b. Identifying skill deficits and effective strategies to address these deficits,
   c. Determining training needs and providing opportunities for learning through practice in real world settings,
   d. Learning about school-to-work programs that may be available in the community and eligibility requirements,
   e. Developing vocational skills (such as building a resume, filling out job applications, interviewing preparation, use of online job sites, etc.),
   f. Learning federal and state requirements for filing annual income tax returns, and

g. When the youth reach the age of 14, they can be given work experience in the community, whether it is through employment, volunteering, or internship experience.

4. Postsecondary Education Considerations

When postsecondary education is the goal for young adults, transition planning may include preparatory work in a number of areas, including, but not limited to:

a. Matching the young adults' interests with the right school, and
b. Connecting the youth to the preferred schools, and assisting with applications for scholarships or other financial aid, etc.

If accommodation is needed, connect the youth with the Disability Resource Centers from their preferred postsecondary institutions.

5. Medical/Physical Healthcare

Planning can include assisting the youth with:

a. Transferring healthcare services from a pediatrician to an adult health care provider, if pertinent,
b. Applying for medical and behavioral health care coverage, including how to select a health plan and a physician,
c. Preparing an application for submission at age 18 to AHCCCS for ongoing Medicaid services,
d. Obtaining personal and family medical history (e.g., copies of immunization records, major illnesses, surgical procedures, etc.),
e. Information on advance directives, as indicated in the AMPM Policy 640,
f. Methods for managing healthcare appointments, keeping medical records, following treatment recommendations, and taking medication,
g. How to identify healthcare concerns, address questions during appointments, and consult with doctors regarding diagnosis, treatment, and prognosis, and
h. Assuming responsibility for understanding and managing the symptoms of their mental illness and obtaining knowledge of the benefits, risks, and side effects of their medication.

6. Living Arrangements

Youth who do not have the support of their parents or extended family, or who may be under the care and custody of the child welfare system, may require intensive planning to evaluate their ability to live independently, identify the level of community supports needed, and match the type of living environment to their individual personality and preferences. If needed, the team shall assist the young adult with completing and filing applications for public housing or other subsidized housing programs. Refer to Arizona 2-1-1 for further information on housing options, state and federally funded programs, and other areas for consideration when addressing housing needs.

Youth living in a Behavioral Health Inpatient Facility (BHIF) at the time they turn age 18 can continue to receive residential services until the age of 22 if they continue to require treatment and give their consent.

Licensed residential agencies may continue to provide behavioral health services to individuals aged 18 or older if the conditions are met as specified in A.A.C. R9-10-318 (B):

a. Person was admitted before their 18th birthday, is not 21 years of age or older, and is completing high school or a high school equivalency diploma, or is participating in a job training program; or
b. Through the last day of the month of the person's 18th birthday.

7. Financial

Together, the team should review and update any federal and/or state financial forms to reflect the young adult's change in status to ensure there is no disruption in healthcare or financial assistance services. This could include applying for food stamps, housing, or other emergency assistance. Youth who are eligible for Social Security Income (SSI) benefits as a child shall have a disability redetermination during the month preceding the month when they attain age 18.

Planning considerations can include:

a. Setting up a simple checking and/or savings account to learn how it can be used to pay bills, save money, and keep track of transactions,
b. Identifying weekly/monthly expenses that occur (such as food, clothes, school supplies, and leisure activities) and determining the monetary amount for each area,
c. Learning how to monitor spending and budget financial resources,
d. Education on how credit cards work and differ from debit cards, including an understanding of finance charges and minimum monthly payments, and
e. Understanding the short and long-term consequences of poor financial planning (e.g., overdrawn account [Non-Sufficient Funds fee], personal credit rating, eligibility for home and/or car loans, potential job loss, etc.).

8. Legal Considerations

Transition planning that addresses legal considerations needs to begin before the youth turns 18 to ensure the young adult has the necessary legal protections upon reaching the age of majority. This is important to prevent any delays of medically necessary services that would require consent to treatment. This can include the following:

a. Guardianship,
b. Conservator,
c. Special needs trust, and
d. Advance directives (e.g., living will, powers of attorney).

Refer to the Arizona Center for Disability Law's Legal Options Manual for access to information and forms.

9. Transportation

When transitioning to the adult behavioral health system, providers shall educate the family and young adult on the transportation options available through the adult service delivery system to support the young adult's continued attendance at behavioral health treatment appointments. The team shall identify and plan for other transportation needs that are not necessarily associated with accessing medical or behavioral health services.

C. TRAINING AND SUPERVISION RECOMMENDATIONS

1. The Contractors shall ensure:
   a. Providers are trained and understand how to implement the requirements outlined in this Policy,
   b. Whenever this Policy is updated or revised, provider agencies are notified and required staff is retrained as necessary on the changes,
   c. Documentation demonstrating that all required provider staff have been trained in this Policy, can be provided to AHCCCS upon request, and
   d. In alignment with A.A.C. R4-6-212 Clinical Supervision requirements, the supervision of this Policy is to be incorporated into other supervision processes provider agencies have in place for direct care clinical staff.

RESERVED[4]

~~**280 – – TRANSITION TO ADULTHOOD**~~

~~EFFECTIVE DATE: 07/01/16, 10/01/21~~

~~APPROVAL DATE: 08/12/21~~

~~**I. PURPOSE**~~

~~This Behavioral Health Practice Tool applies to ACC, ALTCS-E/PD, DCS/Comprehensive Health Plan (CHP), DES/DDD (DDD), and RBHA Contractors. This Behavioral Health Practice Tool is an optional resource for the Fee-For- Service Programs and is not a requirement for Fee-For-Service Programs. This Behavioral Health Practice Tool intends to: -Strengthen practice in AHCCCS System of Care and promote continuity of care through collaborative planning by:~~

~~4. Supporting individuals transitioning into early adulthood in ways that reinforce their recovery process.~~

~~5. Ensuring a smooth and seamless transition from the AHCCCS Children System of Care to the AHCCCS Adult System of Care.~~

~~6. Fostering an understanding that becoming a self-sufficient adult is a process that occurs over time and can extend beyond the age of eighteen.~~

~~**II. BACKGROUND**~~

~~The psychological and social development of adolescents transitioning into young adulthood is challenged by the economic, demographic, and cultural shifts that have occurred over several generations. Sociologist researcher, Frank F. Furstenberg, Jr., as Network Chair of the Network on Transitions to Adulthood stated: "Traditionally, early adulthood has been a period when young people acquire the skills they need to get jobs, to start families, and to contribute to their communities. But, because of the changing nature of families, the education system, and the workplace, the process has become more complex. This means that early adulthood has become a difficult period for some young people, especially those who are not going to college and lack the structure that school can provide to facilitate their development."[i] While some individuals adapt well as they transition into the responsibilities of adulthood, others experience challenges such as those youth who have mental health concerns.~~

~~Between 2008 and 2017, the amount of adults that experienced serious psychological distress in the last month increased among most age groups, with the largest increases seen among younger adults aged 18-25 (71%). Notably, rates of serious psychological distress increased by 78% among adults aged 20-21 during the time period. Meanwhile, there was a decline among adults aged 65 and older.~~

[4] AMPM Behavioral Health Practice Tool 280 is reserved as pertinent information has been incorporated into new AMPM Policy 587.

These findings were consistent across other measures, with the rate of adolescents and young adults experiencing depressive symptoms in the last year increasing by 52% and 63%, respectively, while rates remained stable adults aged 26 and older.[ii]

As the transition to adulthood has become more challenging, youth with mental health needs struggle to achieve the hallmarks of adulthood such as finishing their education, entering the labor force, establishing an independent household, forming close relationships, and potentially getting married and becoming parents.[iii] While these may be considered the trademarks of adulthood from a societal viewpoint, some studies suggest that youth may conceptualize this transition in more "intangible, gradual, psychological, and individualistic terms."[iv] Top criteria endorsed by youth as necessary for a person to be considered an adult emphasized features of individualism such as accepting "responsibility for the consequences of your actions," deciding one's "own beliefs and values independently of parents or other influences," and establishing "a relationship with parents as an equal adult."[v]

Oftentimes, youth who successfully transition to adulthood are those that acquire a set of skills and the maturational level to use these skills effectively. Transition planning can emphasize interpersonal skill training through a cognitive-behavioral approach to help youth develop positive social patterns, assume personal responsibility, learn problem-solving techniques, set goals, and acquire skills across various life domains.[vi]

With transition to adulthood occurring at later ages and over a longer span of time, many young people in their 20's may still require the support of their families. Involving families in the transition planning process and identifying the individual support needs of their children recognizes the diversity that is needed when accessing services and supports. Youth who have been enrolled in government programs due to family hardship, poverty, physical, or mental health challenges are often the least prepared to assume adult responsibilities. For others, such as youth leaving foster care, they must acquire housing without the financial support of a family.[vii]

Eligibility for public programs, such as Medicaid, Social Security, and vocational rehabilitation, as well as housing and residential services, may engender planning for changes at the age of 18. Youth who have disabilities that significantly impact their ability to advocate on their own behalf may require a responsible adult to apply for guardianship. Other youth may benefit from a referral to determine eligibility for services as an adult with a Serious Mental Illness (SMI). Thus, it is the responsibility of the behavioral health system to ensure young adults are provided with the supports and services they need to acquire the capacities and skills necessary to navigate through this transitional period to adulthood.

D. PROCEDURES

The purpose of this Behavioral Health Practice Tool will be to address the recommended practice for transitioning youth from the AHCCCS Children System of Care to the AHCCCS Adult System of Care with a focus on the activities that will assist youth in acquiring the skills necessary for self-sufficiency and independence in adulthood. Contractors and their subcontractors are expected to follow the procedures clearly specified in AMPM Policy 520, which require that transition planning begins when the youth reaches the age of 16. However, if the Child and Family Team (CFT) determines that planning should begin prior to the youth's 16th birthday, the team may proceed with transition planning earlier to allow more time for the youth to acquire the necessary life skills, while the team identifies the supports that will be needed. Age 16 is the latest this

process should start. For youth who are age 16 and older at the time they enter the AHCCCS System of Care, planning must begin immediately. It is important that members of the CFT look at transition planning as not just a transition into the AHCCCS Adult System of Care, but also as a transition to adulthood.

When the adolescent reaches the age of 17 and the CFT believes that the youth may meet eligibility criteria as an adult designated as having a SMI, the Contractor and their subcontracted providers must ensure the young adult receives an eligibility determination at the age of 17.5, as specified in AMPM Policy 320-P. If the youth is determined eligible, or likely to be determined eligible for services as a person with a SMI, the adult behavioral health services case manager is then contacted to join the CFT and participate in the transition planning process. After obtaining permission from the parent/guardian, it is the responsibility of the children's behavioral health service provider to contact and invite the adult behavioral health services case manager to upcoming planning meetings. When more than one Contractor and/or behavioral health service provider is involved, the responsibility for collaboration lies with the provider who is directly responsible for service planning and delivery.

If the young adult is not eligible for services as a person with a SMI, it is the responsibility of the children's behavioral health provider, through the CFT, to coordinate transition planning with the adult general mental health provider. Whenever possible, it is recommended that the young adult and their family be given the choice of whether to stay with the children's provider or transition to the adult behavioral health service provider. The importance of securing representation from the adult service provider in this process cannot be overstated, regardless of the person's identified behavioral health category assignment (SMI, General Mental Health, Substance Use). The children's behavioral health provider should be persistent in its efforts to make this occur.

Requirements for information sharing practices, eligible service funding, and data submission updates are outlined in the following policies:

iii. Prior to releasing treatment information, the CFT, including the adult service provider, will review and follow health record disclosure guidelines per AMPM Policy 940.

iv. If the young adult is not Medicaid eligible, services that can be provided under Non-Medicaid funding will follow policy guidelines as specified in AMPM Policy 320-T1 and ACOM Policy 431.

v. The behavioral health provider will ensure that the behavioral health category assignment is updated along with other demographic data consistent with the AHCCCS Technical Interface Guidelines.

Youth, upon turning age 18, will be required to sign documents that update their responsibilities with relation to their behavioral health treatment as an adult. Some examples include a new consent to treatment and authorizations for sharing protected health information to ensure that the team members can continue as active participants in service planning. A full assessment is not required at the time of transition from child to adult behavioral health services unless an annual update is due or there have been significant changes to the young adult's status that clinically indicate the need to update the Assessment or Individual Recovery Plan (IRP).

E. KEY PERSONS FOR COLLABORATION

5. Team Coordination

When a young person reaches age 17 it is important to begin establishing team coordination between the child and adult service delivery systems. This coordination must be in place no later than four - six months prior to the youth turning age 18. In order to meet the individualized needs of the young adult on the day s/he turns 18 a coordinated effort is required to identify the behavioral health provider staff who will be coordinating service delivery, including the services that will be needed and the methods for ensuring payment for those services. This is especially critical if the behavioral health provider responsible for service planning and delivery is expected to change upon the youth's transition at the age of 18.

Orientation of the youth and their family to potential changes they may experience as part of this transition to the AHCCCS Adult System of Care will help minimize any barriers that may hinder seamless service delivery and support the youth's/family's understanding of their changing roles and responsibilities. It might be helpful to engage the assistance of a liaison (e.g., family and/or peer mentor) from the adult system to act as an ambassador for the incoming young adult and their involved family and/or caregiver.

As noted in AMPM Behavioral Health Practice Tool 220, the young adult, in conjunction with other involved family members, caregivers or guardian, may request to retain their current CFT until the youth turns 21. Regardless of when the youth completes their transition into the AHCCCS Adult System of Care, the CFT will play an important role in preparing the Adult Recovery Team (ART) to become active partners in the treatment and service planning processes throughout this transitional period. Collaboration between the child and adult service provider for transition age youth is more easily facilitated when agencies are dually licensed to provide behavioral health service delivery to both children and adult populations.

6. Family Involvement/Cultural Considerations

Family involvement and culture must be considered at all times especially as the youth prepares for adulthood. Although this period in a young person's life is considered a time for establishing their independence through skill acquisition, many families and cultures are interdependent and may also require a supportive framework to prepare them for this transition. With the assistance of joint planning by the child and adult teams, families can be provided with an understanding of the increased responsibilities facing their young adult while reminding them that although their role as legal guardian may change, they still remain an integral part of their child's life as a young adult. It is also likely that the youth's home and living environment may not change when they turn 18 and are legally recognized as an adult.

During this transitional period the role that families assume upon their child turning 18 will vary based on:

a. Individual cultural influences,
b. The young adult's ability to assume the responsibilities of adulthood,
c. The young adult's preferences for continued family involvement, and
d. The needs of parents/caregivers as they adjust to upcoming changes in their level of responsibility.

Understanding each family's culture can assist teams in promoting successful transition by:

a. Informing families of appropriate family support programs available in the AHCCCS Adult System of Care,
b. Identifying a Family Mentor who is sensitive to their needs to act as a "Liaison" to the AHCCCS Adult System of Care,
c. Recognizing and acknowledging how their roles and relational patterns affect how they view their child's movement toward independence, and
d. Addressing the multiple needs of families that may exist as a result of complex relational dynamics or those who may be involved with one or more state agencies.

Some youth involved with DCS may express a desire to reunite with their family from whose care they were removed. In these situations it is important for the CFT to discuss the potential benefits and challenges the youth may face.

F. SYSTEM PARTNERS

Coordination among all involved system partners promotes collaborative planning and seamless transitions when eligibility requirements and service delivery programs potentially change upon the youth turning 18. Child welfare, juvenile corrections, education, developmental disabilities, and vocational rehabilitation service delivery systems can provide access to resources specific to the young adult's needs within their program guidelines. For example, students in special education services may continue their schooling through the age of 21. Youth in foster care may be eligible for services through a program referred to as the Arizona Young Adult Program (AYAP) or Independent Living Program (ILP)[viii] through the Arizona Department of Child Safety (DCS).

System partners can also assist young adults and their families/caregivers in accessing or preparing necessary documentation, such as:

xv. Birth certificates.

xvi. Social security cards and social security disability benefit applications.

xvii. Medical records including any eligibility determinations and assessments.

xviii. Individualized Education Program (IEP) Plans.

xix. Certificates of achievement, diplomas, General Education Development (GED)[ix] transcripts, and application forms for college.

xx. Case plans for youth continuing in the foster care system,

xxi. Treatment plans.

xxii. Documentation of completion of probation or parole conditions.

xxiii. Guardianship applications.

xxiv. Advance directives.

G. NATURAL SUPPORT

Maintaining or building a support structure will continue to be important as the youth transitions to adulthood and has access to new environments. This is especially relevant for young adults who have no family involvement. For some youth, developing or sustaining social relationships can be challenging. The child and adult teams can assist by giving consideration to the following areas when planning for transition:

1. Identify what supports will be needed by the young adult to promote social interaction and relationships.

2. Explore venues for socializing opportunities in the community.

3. Determine what is needed to plan time for recreational activities.

4. Identify any special interests the youth may have that could serve as the basis for a social relationship or friendship.

H. PERSONAL CHOICE

Although young adults are free to make their own decisions about treatment, medications, and services, they are generally aware that their relationships, needs, and supports may not feel different following their 18th birthday. They may require assurance that their parents are still welcomed as part of their support system, that they still have a team, rules still apply, and that information will be provided to assist them with making their own treatment decisions. However, some young adults may choose to limit their parent's involvement, so working with youth in the acquisition of self-determination skills will assist them in learning how to speak and advocate on their own behalf. This may involve youth developing their own understanding of personal strengths and challenges along with the supports and services they may need. When planning for transition, teams may also need to provide information to young adults on how the behavioral health service delivery systems operate in accordance with the following:

1. Arizona Vision and 12 Principles for Children's Service Delivery.

2. Nine Guiding Principles for Recovery Oriented Adult Behavioral Health Services and Systems.

I. CLINICAL AND SERVICE PLANNING CONSIDERATIONS

AHCCCS supports clinical practice and behavioral health service delivery that is individualized, strengths based, recovery oriented, and culturally sensitive in meeting the needs of children, adults, and their families. Transitioning youth to adulthood involves a working partnership among team members between the children's behavioral health service system and the AHCCCS Adult System of Care. This partnership is built through respect and equality, and is based on the expectation that all people are capable of positive change, growth, and leading a life of value.

~~Individuals show a more positive response when there is a shared belief and collaborative effort in developing goals and identifying methods (services and supports) to meet their needs.~~

~~J. CRISIS AND SAFETY PLANNING~~

~~The team is responsible for ensuring that crisis and safety planning is completed prior to the youth's transition as specified in AMPM Behavioral Health Practice Tool 220. For some youth, determining potential risk factors related to their ability to make decisions about their own safety may also need to be addressed. Collaboration with the adult case manager and/or ART will ensure that the transitioning young adult is aware of the type of crisis services that will be available through the AHCCCS Adult System of Care and how to access them in their time of need.~~

~~K. TRANSITION PLANNING~~

~~The length of time necessary for transition planning is relevant to the needs, maturational level, and the youth's ability to acquire the necessary skills to assume the responsibilities of adulthood. When planning for the young person's transition into adulthood and the adult behavioral health system, a transition plan that includes an assessment of self-care and independent living skills, social skills, work and education plans, earning potential, and psychiatric stability must be incorporated into the Service Planning. Living arrangements, financial, and legal considerations are additional areas that require advance planning.~~

~~10. Self-care and Independent Living Skills~~

~~As the youth approaches adulthood the acquisition of daily living skills becomes increasingly important. Personal care and hygiene can include grooming tasks such as showering, shaving (if applicable), dressing, and getting a haircut. Learning phone skills, how to do laundry and shop for clothes, cleaning and maintaining one's personal living environment, use of public transportation or learning how to drive are other suggested areas for transition planning. Acquisition of various health-related skills includes fitness activities such as an exercise program, nutrition education for planning meals, shopping for food, and learning basic cooking techniques. Planning around personal safety would address knowing their own phone number and address, who to contact in case of emergency, and awareness of how to protect themselves when out in the community.~~

~~11. Social and Relational Skills~~

~~The young adults' successful transition toward self-sufficiency will be supported by their ability to get along with others, choose positive peer relationships, and cultivate sustainable friendships. This will involve learning how to avoid or respond to conflict when it arises and developing an understanding of personal space, boundaries, and intimacy. Some youth may require additional assistance with distinguishing between the different types of interactions that would be appropriate when relating to strangers, friends, acquaintances, boy/girlfriend, family member, or colleague in a work environment. For example, teams may want to provide learning opportunities for youth to practice these discrimination skills in settings where they are most likely to encounter different types of people such as a grocery store, shopping mall, supported employment programs, etc. Planning for youth, who have already disclosed to the behavioral health service provider their self-identity as gay, lesbian, bisexual, or transgender, may include discussions about community supports and pro-social activities available to them~~

for socialization. Adolescents who do not have someone who can role model the differing social skills applicable to friendship, dating, and intimate relationships may need extra support in learning healthy patterns of relating to others relevant to the type of attachment.

12. Vocational/Employment

An important component of transitioning to adulthood includes vocational goals that lead to employment or other types of meaningful activity. While a job can provide financial support, personal fulfillment, and social opportunities, other activities such as an internship or volunteering in an area of special interest to the young adult can also provide personal satisfaction and an opportunity to engage socially with others. The CFT along with involved system partners work together to prepare the young adult for employment or other vocational endeavors. It is imperative that a representative from the adult behavioral health system be involved in this planning to ensure that employment related goals are addressed before, during, and after the youth's transition to adulthood.

Service planning that addresses the youth's preparation for employment or other meaningful activity can include:

h. Utilizing interest inventories or engaging in vocational assessment activities to identify potential career preferences or volunteer opportunities,
i. Identifying skill deficits and effective strategies to address these deficits,
j. Determining training needs and providing opportunities for learning through practice in real world settings,
k. Learning about school-to-work programs that may be available in the community and eligibility requirements,
l. Developing vocational skills such as building a resume, filling out job applications, interviewing preparation, use of online job sites, etc. and
m. Learning federal and state requirements for filing annual income tax returns.

Youth involved in school based work activities (paid or non-paid) are able to "test the waters" of the work world, develop a work history, better understand their strengths and weaknesses, explore likes and dislikes, and begin to develop employment related skills necessary for their success in competitive work settings. School based work activities can start as early as middle school yet should begin no later than the youth's freshman year of high school. When youth reach the age of 14they can be given work experience in the community, whether it is through a volunteer or internship experience. It is best for school and community-based work experience to be short term, so that youth can experience a variety of employment settings and perform different job duties in more than one vocation to assist them in identifying possible career choices. These work related opportunities will assist teams in determining where the youth excels or struggles in each type of work undertaken, the types of supports that might be needed, and what the best "job match" might be in terms of the youth's personal interests and skill level.

As youth narrow their career focus, it is useful to tour employment sites, job shadow, and interview employers and employees who work in the youth's chosen fields of interest. It may be necessary to plan for on-going support after a job has been obtained to assist the young adult in maintaining successful employment. Identifying persons in the job setting who can provide natural support such as supervisors and co-workers, as well as employer related

accommodations may be necessary to ensure that the young adult can continue to perform their job duties.

13. Vocational/Employment Considerations for Youth with Disabilities

For youth who have a disability, regardless of whether or not they are in Special Education, may be eligible for services through the Arizona Department of Economic Security/Rehabilitation Services Administration (ADES/RSA) under a Vocational Rehabilitation (VR) program* when transitioning from school to work. The school can refer youth with a disability to the VR program as early as age 14 or at any time thereafter when they are ready to work with VR to address their career plans. Students with disabilities between the ages of 14 and 22 are able to participate in Pre-Employment Transition Services as potentially eligible students, meaning they do not have to be VR clients. Pre-Employment Transition Services are group based, general workshops covering five topic areas that may provide the information a youth needs to begin the career exploration process, develop skills for successful employment and learn about post-secondary education opportunities. Planning for employment is done in conjunction with the youth's VR counselor through the development of an Individual Plan of Employment (IPE). Including the VR counselor in the school's IEP planning that might involve VR services is necessary since only VR personnel can make commitments for ADES/RSA program services. Refer to ADES/RSA[xi] for information on the VR process regarding intake/eligibility, planning for employment, services, and program limitations.

14. Education

Collaboration between the CFT and the education system is helpful with preparing youth and their parents/caregivers in developing an understanding of what happens as young adults transition from secondary education to adult life. Asking the youth to share their individualized plans with the rest of the team may provide information to assist with transition planning. Individualized plans could include:

a. Education Career Action Plan (ECAP),
b. 504 Plan,
c. Transition Plan, and
d. Summary of Performance (SOP)

15. Individualized Plans

a. Educations Consideration for all Students,
    i. Education Career Action Plan - In 2008 the Arizona State Board of Education approved Education and Career Action Plans for all Arizona students in grades 9-12. The ECAP is intended to develop the young adult's individual academic and career goals. An ECAP process portfolio has for attributes that should be documented, reviewed and updated, at minimum, annually; academic, career, postsecondary, and extracurricular.

b. Education Considerations for Youth with Disabilities,
    i. 504 plan — Section 504 of the Rehabilitation Act of 1973[xii] protects the civil rights of individuals with disabilities in programs and activities that receive federal funds. Recipients of these funds include public school districts, institutions of higher education, and other state and local education agencies. This regulation requires a school district to provide accommodations that can be made by the classroom

teacher(s) and other school staff to help students better access the general education curriculum through a 504 Plan that outlines the individualized services and accommodations needed by the student,

ii. Transition Plan - While youth are in secondary education, Individuals with Disabilities Educational Act (IDEA) requires public schools to develop an individualized transition plan for each student with an Individualized Education Program (IEP). The transition plan is the section of the IEP that is put in place no later than the student's 16th birthday. The purpose of the plan is to develop postsecondary goals and provide opportunities that will reasonably enable the student to meet those goals for transitioning to adult life. All of the following components are required as part of the transition plan:

1) Student invitation to all IEP meetings where transition topics are discussed,
2) Age-appropriate transition assessments,
3) Measurable Postsecondary Goals (MPGs) in the areas of:
   a) Education/Training,
   b) Employment, and
   c) Independent living (if needed).
4) Annually updated MPGs,
5) Instruction and services that align with the student's MPGs:
   a) Coordinated set pf transition activities,
   b) Courses of study, and
   c) Annual goals.
6) Outside agency participation with prior consent from the family or student that has reached the age of majority.
   a) Summary of Performance (SOP) – The SOP is required under the reauthorization of the IDEA Act of 2004. An SOP is completed for every young adult whose special education eligibility terminates due to graduation from high school with a regular diploma or due to exceeding the age eligibility for FAPE under State law. In Arizona, the student reaches the maximum age of eligibility upon completing the school year in which the student turns 22. A Public Education Agency (PEA) must provide the youth with a summary of their academic achievement, functional performance, and recommendations on how to assist in meeting the young adult's postsecondary goals. The SOP must be completed during the final year of a student's high school education.

16. Other Considerations

a. Transfer of Rights' Requirement for Public Education Agencies—Under Arizona State law, a child reaches the age of majority at 18. The right to make informed educational decisions transfers to the young adult at that time,

i. According to IDEA,[xiii] "beginning not later than one year before the child reaches the age of majority under State law, a statement that the child has been informed of the child's rights under this title, if any, that will transfer to the child on reaching the age of majority under section 1415(m)"[xiv] must be included in the student's IEP. This means that schools must inform all youth with disabilities on or before their 17th birthday that certain rights will automatically transfer to them upon turning age 18, and

ii. In order to prepare youth with disabilities for their transfer of rights, it is necessary for parents/caregivers to involve their child in educational decision making processes

early. The CFT or ART, in conjunction with the adult behavioral health provider, should assist the youth/parent/caregiver with this process.

b. A student with a disability, between the age of 18 and 22 who has not been declared legally incompetent and has the ability to give informed consent may execute a Delegation of Right to Make Educational Decisions. The Delegation of Right allows the student to appoint their parent or agent to make educational decisions on their behalf. The student has the right to terminate the agreement at any time and assume their right to make decisions.

17. Postsecondary Education Considerations

When postsecondary education is the goal for young adults, transition planning may include preparatory work in a number of areas, including, but not limited to, matching the young adults interests with the right school, connecting the youth to the preferred schools Disability Resource Center if accommodations are needed, assisting with applications for scholarships or other financial aids, etc. The CFT should anticipate and help plan for such needs. If accommodations are needed, connect the youth with the Disability Resource Centers from their preferred postsecondary institutions, and

9. Medical/Physical Healthcare

Planning can include assisting the youth with:

i. Transferring healthcare services from a pediatrician to an adult health care provider, if pertinent,

j. Applying for medical and behavioral health care coverage, including how to select a health plan and a physician,

k. Preparing an application for submission at age 18 to AHCCCS for ongoing Medicaid services[xv];

l. Obtaining personal and family medical history (e.g., copies of immunization records, major illnesses, surgical procedures, etc.)[xvi];

m. Information on advance directives, as indicated in the AMPM Policy 640,

n. Methods for managing healthcare appointments, keeping medical records, following treatment recommendations, and taking medication,

o. How to identify healthcare concerns, address questions during appointments, and consult with doctors regarding diagnosis, treatment, and prognosis, and

p. Assuming responsibility for understanding and managing the symptoms of their mental illness and obtaining knowledge of the benefits, risks, and side effects of their medication.

10. Living Arrangements

Where young adults will live upon turning age 18 could change based on their current housing situation (e.g., living at home with family, with a relative, in a Behavioral Health Inpatient or Residential Facility (BHIF/BHRF), other out of home treatment setting, etc.) or whether or not they decide to choose housing on-site while pursuing their postsecondary education. Youth who do not have the support of their parents or extended family, or who may be under the care and custody of the child welfare system, may require intensive planning to evaluate their ability to live independently, identify the level of community supports needed, and match the type of living environment to their individual personality and preferences. Each situation will require planning that specifically uses the young adult's strengths in meeting their needs and addresses any personal safety concerns. The most common types of living situations range

from living independently in one's own apartment with or without roommates to a supported or supervised type of living arrangement. If needed, the team may assist the young adult with completing and filing applications for public housing or other subsidized housing programs. Refer to Arizona 2-1-1 for further information on housing options, state and federally funded programs, and other areas for consideration when addressing housing needs.

Youth living in a BHIF at the time they turn age 18 can continue to receive residential services until the age of 22 if they were admitted to the facility before their 21st birthday and continue to require treatment. AMPM Policy 810, Prior Authorization, Notification and Concurrent and Retrospective Review provide procedural information and criteria for services that require authorization.

Licensed residential agencies may continue to provide behavioral health services to individuals aged 18 or older if the following conditions are met as specified in A.A.C. R9-10-318 (B):

a. Person was admitted before their 18th birthday and is completing high school or a high school equivalency diploma, or is participating in a job training program, is not 21 years of age or older, or
b. Through the last day of the month of the person's 18th birthday.

11. Financial

Assessing the financial support needed will include identifying how much money is required to support the young adult's living situation and how s/he will obtain it. This will include determining whether the income from employment will pay the bills or if Social Security Disability programs (SSDI[xvii] or SSI[xviii]), food stamps, or other emergency assistance will cover the young adult's financial responsibilities. Depending on the special needs of the young adult, arranging for a conservator or guardian may also be necessary.

Together, the team should review and update any federal and/or state financial forms to reflect the young adult's change in status to ensure there is no disruption in healthcare or financial assistance services. Youth who are eligible for Social Security Income (SSI) benefits as a child will have a disability redetermination during the month preceding the month when they attain age 18. This determination will apply the same rules as those used for adults who are filing new applications for SSI benefits.[xix] The team can assist the young adult and their family/caregiver with identifying any changes related to Social Security benefits, including opportunities for Social Security Work Incentives.[xx]

Young adults who learn about financial matters prior to age 18 have a better opportunity to acquire the skills necessary for money management. Skill development can include:

f. Setting up a simple checking and/or savings account to learn how it can be used to pay bills, save money, and keep track of transactions,
g. Identifying weekly/monthly expenses that occur such as food, clothes, school supplies, and leisure activities and determining the monetary amount for each area,
h. Learning how to monitor spending and budget financial resources,
i. Education on how credit cards work and differ from debit cards, including an understanding of finance charges and minimum monthly payments, and

j. Understanding the short and long-term consequences of poor financial planning (e.g., overdrawn account [Non-Sufficient Funds fee], personal credit rating, eligibility for home and/or car loans, potential job loss, etc.).

12. Legal Considerations

Transition planning that addresses legal considerations ideally begins before the youth turns 18 to ensure the young adult has the necessary legal protections upon reaching the age of majority. This can include the following:

a. Document Preparation

Some families/caregivers may decide to seek legal advice from an attorney who specializes in mental health, special needs and/or disability law in planning for when their child turns 18 if they believe legal protections are necessary. Parents, caregivers or guardians may choose to draw up a will or update an existing one to ensure that adequate provisions have been outlined for supporting their child's continuing healthcare and financial stability. Other legal areas for consideration can include:

e. Guardianship,
f. Conservator,
g. Special needs trust, and
h. Advance directives (e.g., living will, powers of attorney).

b. Legal Considerations for Youth with Disabilities

Persons with developmental disabilities, their families and caregivers may benefit from information about different options that are available when an adult with a disability needs the assistance of another person in a legally recognized fashion to help manage facets of their life. Refer to the *Arizona Center for Disability Law's Legal Options Manual* for access to information and forms. This publication also addresses tribal jurisdiction in relation to the guardianship process for individuals who live on a reservation. While this resource is focused on planning for individuals with disabilities, teams can utilize this information to gain a basic understanding of the legal rights of individuals as they approach the age of majority.

13. Transportation

A training program, whether a formal or informal one, may be useful in helping the young adult acquire the skills necessary for driving or when using public transportation. Planning can include assisting the youth with test preparation and acquiring a driver's permit. Use of a qualified instructor, family member, or other responsible adult can provide the youth with "behind the wheel" driving experience including how to read maps or manage roadside emergencies. If obtaining a driver's license is not feasible, skill training activities for using public transportation can include reviewing bus schedules, planning routes to get to a designated location on time, and learning how to determine the cost and best method of transportation for getting to and from work or scheduled appointments.

When transitioning to the adult behavioral health system, educate the family and young adult on the transportation options available through the adult service delivery system. This will help support the young adult's continued attendance at behavioral health treatment appointments, as well as assist the team with identifying and planning for other

transportation needs that are not necessarily associated with accessing medical or behavioral health services.

14. Personal Identification

The team can assist the youth with acquiring a State issued Identification (ID) card in situations where the young adult may not have met the requirements for a driver's license issued by the Arizona Motor Vehicle Division.[xxii] An identification card is available to all ages (including infants), however, the youth may not possess an Arizona identification card and a valid driver's license at the same time.

15. Mandatory and Voluntary Registrations

Selective Service registration[xxiii] is required for almost all male U.S. and non-U.S. citizens who are 18 through 25 years of age and residing in the United States. Registration can be completed at any U.S. Post Office and a Social Security number is not needed. **When a Social Security number is obtained after registration is completed, it is the responsibility of the young adult male to inform the Selective Service System.**

Upon turning age 18 the young adult can register to vote. Online voter registration is available through Arizona's Office of the Secretary of State.[xxiv]

L. TRAINING AND SUPERVISION RECOMMENDATIONS

This Behavioral Health Practice Tool applies to the Contractor and their subcontracted network and provider behavioral health staff who participate in assessment and service planning processes, provide case management and other clinical services, or who supervise staff that provide service delivery to adolescents, young adults and their families. Each Contractor shall establish their own process for ensuring that all staff have been trained and understand how to implement the practice elements as outlined in this document. Whenever this Behavioral Health Practice Tool is updated or revised, the Contractor must ensure their subcontracted network and provider agencies are notified and required staff is retrained as necessary on the changes. The Contractor upon request from AHCCCS, is required to provide documentation demonstrating that all required network and provider staff have been trained on this Practice Tool. In alignment with A.A.C. R4-6-212 Clinical Supervision requirements, the supervision of the Behavioral Health Practice Tool is to be incorporated into other supervision processes which the Contractor and their subcontracted network and provider agencies have in place for direct care clinical staff.

[i] Furstenberg, F. The Network on Transitions to Adulthood. Retrieved November 25, 2009,
[ii] Twenge J, Cooper A, Joiner T, Duffy M, Binau S. Age, period, and cohort trends in mood disorder indicators and suicide-related outcomes in a nationally representative dataset, 2005-2017 [published online March 14, 2019]. *J Abnorm Psychol*. doi: 10.1037/abn0000410.
[iii] Osgood et al. (2005). *On Your Own without a Net: the Transition to Adulthood for Vulnerable Populations* (Chapter 10, J. Heidi Gralinski-Bakker et al., and Chapter 11, Phillip M. Lyons, Jr. & Gary B. Melton).
[iv] Arnett, Jeffrey Jensen. (1997). Young People's Conceptions of the Transition to Adulthood. *Youth & Society*, 29(1), 3-23.
[v] Ibid.
[vi] Osgood, D. Wayne, Foster, E. Michael, Flanagan, Constance & Ruth, Gretchen R., editors. (2005). *On Your Own without a Net: the Transition to Adulthood for Vulnerable Populations* (Chapter 3, He Len Chung, et al., and Chapter 4, David Altschuler).

[viii] Refer to https://dcs.az.gov/services/young-adult/independent-living-program-and-young-adult-program-for eligibility-requirements, services, and resources.
[ix] Commonly referred to as a General Education Diploma or General Equivalency Diploma.
[x] https://www.azdes.gov/main.aspx?menu=32&id=1300
[xi] https://des.az.gov/services/employment/rehabilitation-services/vocational-rehabilitation
[xii] http://www2.ed.gov/about/offices/list/ocr/docs/edlite-FAPE504.html
[xiii] Federal law dealing with the education of children with disabilities.
[xiv] Per IDEA Part B Sec.1415 (m) at: http://idea.ed.gov/download/statute.html
[xv] AHCCCS offers transitional medical care for children leaving foster care age 18 to 26. For those who qualify, there are no monthly premiums.
[xvi] For youth in foster care, teams work with Department of Child Safety's personnel to obtain personal and family medical history as this information will be requested at future medical appointments.
[xvii] Social Security Disability Insurance
[xviii] Supplemental Security Income
[xix] http://www.socialsecurity.gov/ssi/text-cdrs-ussi.htm
[xx] http://www.ssa.gov/disabilityresearch/
[xxi] http://www.azdot.gov/mvd/
[xxii] http://www.sss.gov/
[xxiii] http://www.azsos.gov/elections