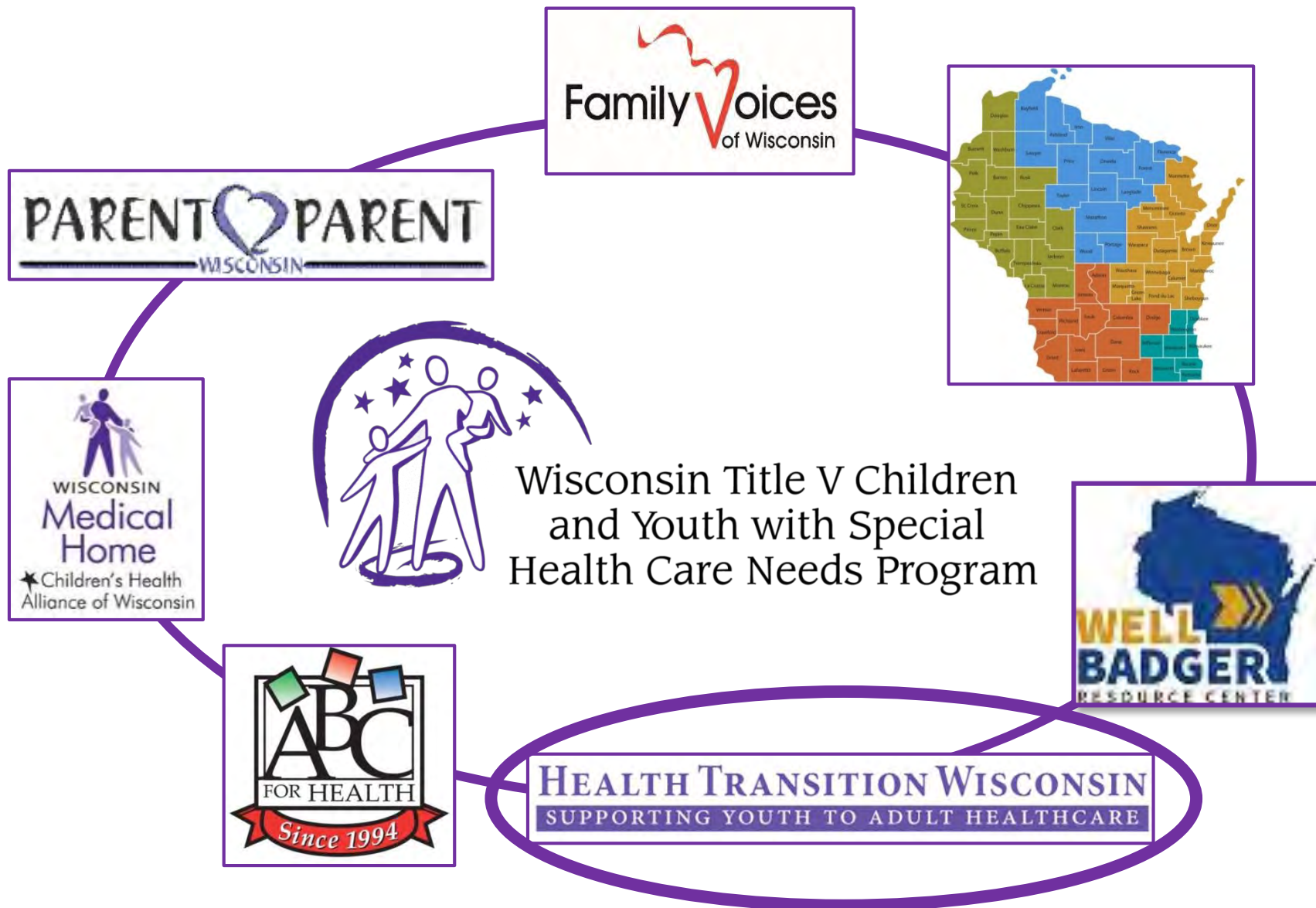


# Considerations in Transition for Youth with Special Health Care Needs

## PATCH Symposium April 20, 2022



# CYSHCN Network of Support



# Statewide Initiative



## HEALTH TRANSITION WISCONSIN

SUPPORTING YOUTH TO ADULT HEALTHCARE



### Purpose

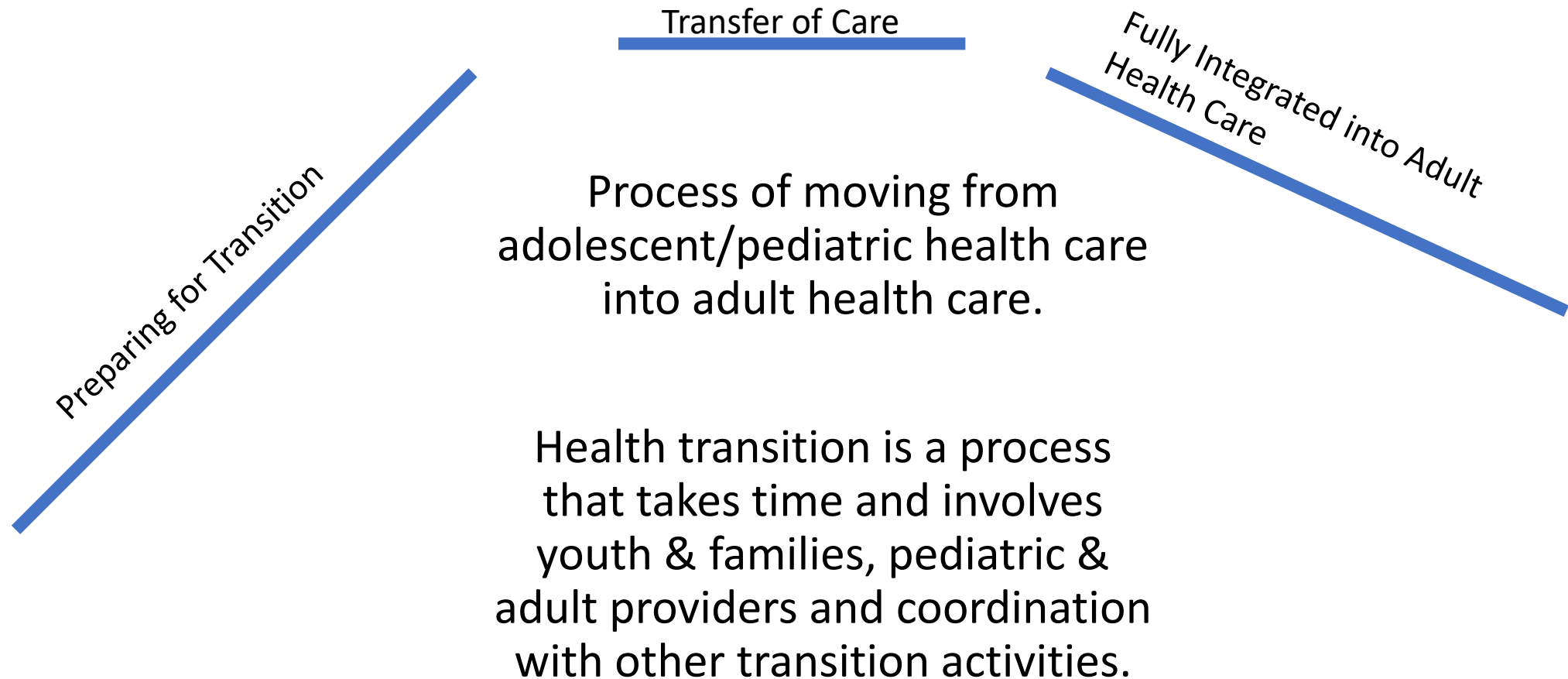
- Ensure that “high-quality, developmentally appropriate, health care services are available in an uninterrupted manner as the person moves from adolescence to adulthood”

### Process

- Transition starts in early adolescence
- Transfers of care between 18 and 22 years of age

American Academy of Pediatrics, American Academy of Family Physicians, & American College of Physicians, 2011, p. 182; Human Resources & Services Administration [HRSA], 2016

# What is Youth Health Care Transition?



Who needs to  
think about  
transition?

Teens who are, or  
will be turning 18,  
and their  
families/supports.

Especially if  
identified with  
a disability or  
health care need.

# Readiness Assessment

What do you already know about your health?



## Sample Transition Readiness Assessment for Youth

Please fill out this form to help us see what you already know about your health, how to use health care, and the areas you want to learn more about. If you need help with this form, please ask your parent/caregiver or doctor.

Preferred name	Legal name	Date of birth	Today's date
<b>TRANSITION IMPORTANCE &amp; CONFIDENCE</b> Please circle the number that best describes how you feel now.			
The transfer to adult health care usually takes place between the ages of 18 and 22.			
How important is it to you to move to a doctor who cares for adults before age 22?			
0 not	1	2	3
4	5	6	7
8	9	10 very	
How confident do you feel about your ability to move to a doctor who cares for adults before age 22?			
0 not	1	2	3
4	5	6	7
8	9	10 very	
<b>MY HEALTH &amp; HEALTH CARE</b> Please check the answer that best applies now.			
	NO	I WANT TO LEARN	YES
I can explain my health needs to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to ask questions when I do not understand what my doctor says.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my allergies to medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my family medical history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talk to the doctor instead of my parent/caregiver talking for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I see the doctor on my own during an appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when and how to get emergency care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to get medical care when the doctor's office is closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry important health information with me every day (e.g., insurance card, emergency contact information).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know that when I turn 18, I have full privacy in my health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know at least one other person who will support me with my health needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to find my doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to make and cancel my own doctor appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get to my doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get a summary of my medical information (e.g., online portal).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to fill out medical forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get a referral if I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what health insurance I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what I need to do to keep my health insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talk with my parent/caregiver about the health care transition process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MY MEDICINES</b> If you do not take any medicines, please skip this section.			
I know my own medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when I need to take my medicines without someone telling me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to refill my medicines if and when I need to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WHICH OF THE SKILLS LISTED ABOVE DO YOU MOST WANT TO WORK ON?</b>			

## Transition Readiness Assessment

Know what you have, learn what you need to have, make a plan, to get to where you are going.

Transfer of Care

Fully Integrated into Adult Health Care

Preparing for Transition

# Eight Health Tools



## Health Transition Wisconsin

Supporting Youth to Adult Health Care Transition

<https://healthtransitionwi.org/>

<https://healthtransitionwi.org/youth-families/>

Step-by-Step

Check out these additional resources to  
take charge of your health care!

Resources

Build Your Bridge Workbook

### Sample Transition Readiness Assessment for Youth

Please fill out this form to help us see what you already know about your health, how to use health care, and the areas you want to learn more about. If you need help with this form, please ask your parent/caregiver or doctor.

Preferred name: \_\_\_\_\_ Legal name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Today's date: \_\_\_\_\_

#### TRANSITION IMPORTANCE & CONFIDENCE: How confident do you feel about your ability to move to a doctor who cares for adults before age 22?

The transfer to adult health care usually takes place between the ages of 18 and 22.

How important is it to you to move to a doctor who cares for adults before age 22?

0 1 2 3 4 5 6 7 8 9 10  
not at all very

How confident do you feel about your ability to move to a doctor who cares for adults before age 22?

0 1 2 3 4 5 6 7 8 9 10  
not at all very

#### MY HEALTH & HEALTH CARE: Check each item that applies to you.

I can explain my health needs to others. ☐ ☐ ☐

I know how to ask questions when I do not understand what my doctor says. ☐ ☐ ☐

I know my allergies to medicines. ☐ ☐ ☐

I know my family medical history. ☐ ☐ ☐

I talk to the doctor instead of my parent/caregiver talking for me. ☐ ☐ ☐

I see the doctor on my own during an appointment. ☐ ☐ ☐

I know when and how to get emergency care. ☐ ☐ ☐

I know where to get medical care when the doctor's office is closed. ☐ ☐ ☐

I carry important health information with me every day (e.g., insurance card, emergency contact information). ☐ ☐ ☐

I know that when I turn 18, I have full privacy in my health care. ☐ ☐ ☐

I know at least one other person who will support me with my health needs. ☐ ☐ ☐

I know how to find my doctor's phone number. ☐ ☐ ☐

I know how to make and cancel my own doctor appointments. ☐ ☐ ☐

I have a way to get to my doctor's office. ☐ ☐ ☐

I know how to get a summary of my medical information (e.g., online portal). ☐ ☐ ☐

I know how to fill out medical forms. ☐ ☐ ☐

I know how to get a referral if I need it. ☐ ☐ ☐

I know what health insurance I have. ☐ ☐ ☐

I know what I need to do to keep my health insurance. ☐ ☐ ☐

I talk with my parent/caregiver about the health care transition process. ☐ ☐ ☐

#### MY MEDICINES: If you do not take any medicines, please skip this section.

I know my own medicines. ☐ ☐ ☐

I know when I need to take my medicines without someone telling me. ☐ ☐ ☐

I know how to refill my medicines if and when I need to. ☐ ☐ ☐

#### WHICH OF THE SKILLS LISTED ABOVE DO YOU MOST WANT TO WORK ON?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Transition Readiness Assessment

Know what you have, learn what you need to have, make a plan, to get to where you are going.



Transfer of Care



Health Summary



Adult Provider



Insurance



Medicines



Appointments

Preparing for Transition

About Me



Decisions



Emergencies



Fully Integrated into Adult Health Care

### Sample Transition Readiness Assessment for Youth

Please fill out this form to help us see what you already know about your health, how to use health care, and the areas you want to learn more about. If you need help with this form, please ask your parent/caregiver or doctor.

Preferred name	Legal name	Date of birth	Today's date							
<b>TRANSITION IMPORTANCE &amp; CONFIDENCE</b> <i>How important is it to you to move to a doctor who cares for adults before age 22?</i>										
The transfer to adult health care usually takes place between the ages of 18 and 22.										
How important is it to you to move to a doctor who cares for adults before age 22?										
0	1	2	3	4	5	6	7	8	9	10
not										very
How confident do you feel about your ability to move to a doctor who cares for adults before age 22?										
0	1	2	3	4	5	6	7	8	9	10
not										very
<b>MY HEALTH &amp; HEALTH CARE</b> <i>How confident do you feel about the answer that best applies to you?</i>										
I can explain my health needs to others.										
I know how to ask questions when I do not understand what my doctor says.										
I know my allergies to medicines.										
I know my family medical history.										
I talk to the doctor instead of my parent/caregiver talking for me.										
I see the doctor on my own during an appointment.										
I know when and how to get emergency care.										
I know where to get medical care when the doctor's office is closed.										
I carry important health information with me every day (e.g., insurance card, emergency contact information).										
I know that when I turn 18, I have full privacy in my health care.										
I know at least one other person who will support me with my health needs.										
I know how to find my doctor's phone number.										
I know how to make and cancel my own doctor appointments.										
I have a way to get to my doctor's office.										
I know how to get a summary of my medical information (e.g., online portal).										
I know how to fill out medical forms.										
I know how to get a referral if I need it.										
I know what health insurance I have.										
I know what I need to do to keep my health insurance.										
I talk with my parent/caregiver about the health care transition process.										
<b>MY MEDICINES</b> <i>If you do not take any medicines, please skip this section.</i>										
I know my own medicines.										
I know when I need to take my medicines without someone telling me.										
I know how to refill my medicines if and when I need to.										
<b>WHICH OF THE SKILLS LISTED ABOVE DO YOU MOST WANT TO WORK ON?</b>										

## Transition Readiness Assessment

Know what you have  
you need to have, m  
to get to where you



Who will make the  
decisions?

Transfer of Care



Health Summary



Adult Provider



Insurance



Medicines



Appointments

Preparing for Transition

About Me



Decisions

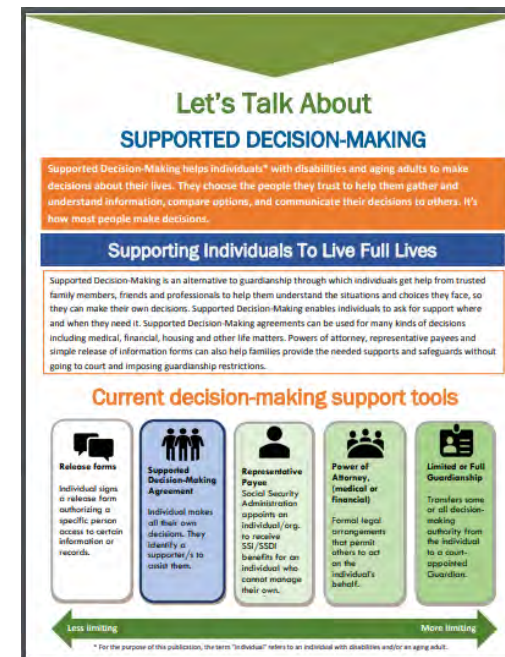


Emergencies



Fully Integrated into Adult  
Health Care

# Supported Decision-Making



<https://wi-bpdd.org/index.php/supporteddecision-making/>

THE SIX CORE ELEMENTS OF HEALTH CARE TRANSITION™ 3.0

### Sample Transition Readiness Assessment for Youth

Please fill out this form to help us see what you already know about your health, how to use health care, and the areas you want to learn more about. If you need help with this form, please ask your parent/caregiver or doctor.

Preferred name	Legal name	Date of birth	Today's date								
<b>TRANSITION IMPORTANCE &amp; CONFIDENCE</b> How important is it to you to move to a doctor who cares for adults before age 22?											
0	1	2	3	4	5	6	7	8	9	10	
not										very	
How confident do you feel about your ability to move to a doctor who cares for adults before age 22?											
0	1	2	3	4	5	6	7	8	9	10	
not										very	
<b>MY HEALTH &amp; HEALTH CARE</b> How confident do you feel about the answer that best applies to you?											
	not										very
I can explain my health needs to others.											
I know how to ask questions when I do not understand what my doctor says.											
I know my allergies to medicines.											
I know my family medical history.											
I talk to the doctor instead of my parent/caregiver talking for me.											
I see the doctor on my own during an appointment.											
I know when and how to get emergency care.											
I know where to get medical care when the doctor's office is closed.											
I carry important health information with me every day (e.g., insurance card, emergency contact information).											
I know that when I turn 18, I have full privacy in my health care.											
I know at least one other person who will support me with my health needs.											
I know how to find my doctor's phone number.											
I know how to make and cancel my own doctor appointments.											
I have a way to get to my doctor's office.											
I know how to get a summary of my medical information (e.g., online portal).											
I know how to fill out medical forms.											
I know how to get a referral if I need it.											
I know what health insurance I have.											
I know what I need to do to keep my health insurance.											
I talk with my parent/caregiver about the health care transition process.											
<b>MY MEDICINES</b> If you do not take any medicines, please skip this section.											
I know my own medicines.											
I know when I need to take my medicines without someone telling me.											
I know how to refill my medicines if and when I need to.											
<b>WHICH OF THE SKILLS LISTED ABOVE DO YOU MOST WANT TO WORK ON?</b>											

Transforming Youth to an Adult Health Care Clinician  
Six Core Elements of Health Care Transition™ 3.0  
© 2020 The "Six Core Elements of Health Care Transition" is a trademark of the American Academy of Pediatrics.

gut transition.

## Transition Readiness Assessment

Know what you have, learn what you need to have, make a plan, to get to where you are going.

Who will make the decisions?

Transfer of Care

Health Summary

Adult Provider

Insurance

Medicines

Appointments

About Me

Decisions

Emergencies

Knowledge

Skills

Attitude

Fully Integrated into Adult Health Care

THE SIX CORE ELEMENTS OF HEALTH CARE TRANSITION 3.0

### Sample Transition Readiness Assessment for Youth

Please fill out this form to help us see what you already know about your health, how to use health care, and the areas you want to learn more about. If you need help with this form, please ask your parent/caregiver or doctor.

Preferred name: \_\_\_\_\_ Legal name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Today's date: \_\_\_\_\_

**TRANSITION IMPORTANCE & CONFIDENCE** *How confident you are in your ability to do the following tasks on your own*

The transfer to adult health care usually takes place between the ages of 18 and 22. How important is it to you to move to a doctor who cares for adults before age 22?

0	1	2	3	4	5	6	7	8	9	10
not										very

How confident do you feel about your ability to move to a doctor who cares for adults before age 22?

0	1	2	3	4	5	6	7	8	9	10
not										very

**MY HEALTH & HEALTH CARE** *How confident you are in your ability to do the following tasks on your own*

	not	very
I can explain my health needs to others.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to ask questions when I do not understand what my doctor says.	<input type="checkbox"/>	<input type="checkbox"/>
I know my allergies to medicines.	<input type="checkbox"/>	<input type="checkbox"/>
I know my family medical history.	<input type="checkbox"/>	<input type="checkbox"/>
I talk to the doctor instead of my parent/caregiver talking for me.	<input type="checkbox"/>	<input type="checkbox"/>
I see the doctor on my own during an appointment.	<input type="checkbox"/>	<input type="checkbox"/>
I know when and how to get emergency care.	<input type="checkbox"/>	<input type="checkbox"/>
I know where to get medical care when the doctor's office is closed.	<input type="checkbox"/>	<input type="checkbox"/>
I carry important health information with me every day (e.g., insurance card, emergency contact information).	<input type="checkbox"/>	<input type="checkbox"/>
I know that when I turn 18, I have full privacy in my health care.	<input type="checkbox"/>	<input type="checkbox"/>
I know at least one other person who will support me with my health needs.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to find my doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to make and cancel my own doctor appointments.	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get to my doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get a summary of my medical information (e.g., online portal).	<input type="checkbox"/>	<input type="checkbox"/>
I know how to fill out medical forms.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get a referral if I need it.	<input type="checkbox"/>	<input type="checkbox"/>
I know what health insurance I have.	<input type="checkbox"/>	<input type="checkbox"/>
I know what I need to do to keep my health insurance.	<input type="checkbox"/>	<input type="checkbox"/>
I talk with my parent/caregiver about the health care transition process.	<input type="checkbox"/>	<input type="checkbox"/>

**MY MEDICINES** *If you do not take any medicines, please skip this section.*

I know my own medicines.	<input type="checkbox"/>	<input type="checkbox"/>
I know when I need to take my medicines without someone telling me.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to refill my medicines if and when I need to.	<input type="checkbox"/>	<input type="checkbox"/>

**WHICH OF THE SKILLS LISTED ABOVE DO YOU MOST WANT TO WORK ON?**

Transforming Youth to an Adult Health Care Clinician  
Six Core Elements of Health Care Transition 3.0  
© 2020 The "Transition" logo is a registered trademark and a pending trademark of the University of Michigan. All rights reserved.

## Transition Readiness Assessment

Know what you have, learn what you need to have, make a plan, to get to where you are going.

Knowledge  
Skills  
Attitude



Transfer of Care



Health Summary



Adult Provider



Insurance



Medicines



Appointments

Preparing for Transition

About Me



Decisions



Emergencies



Fully Integrated into Adult Health Care

What can the youth do?  
What can the family do?  
What can the health professionals do?  
What can educators do?  
What can \_\_\_\_\_ do?

# Transition Resources



– National Resource

[www.gottransition.org](http://www.gottransition.org)



**HEALTH TRANSITION WISCONSIN**

SUPPORTING YOUTH TO ADULT HEALTHCARE



[www.healthtransitionwi.org](http://www.healthtransitionwi.org)

# Transition Resources



[www.pacer.org](http://www.pacer.org)



<https://wisewisconsin.org/up-to-me/>

# Contact information

**Tim Markle**  
**Youth Health Transition**  
**Initiative (YHTI)**

**608-262-8033**

**[tmarkle@wisc.edu](mailto:tmarkle@wisc.edu)**

