



Orange County  
Care Coordination  
Collaborative  
for kids

# Six Core Elements of Transition Transitioning Youth to Adult Health Care

for use by Medical and Social Service Providers

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Got Transition and the Orange County Care Coordination Collaborative for Kids (OCC3) are pleased to share this package of the Six Core Elements of Transition for use by medical and social service providers to benefit all youth, including those with special needs, as they transition from pediatric to adult-centered health care. Transition includes joint planning with youth and parents/caregivers to help youth develop self-care skills and actively participate in decision-making. Providers of transition also assist in identifying adult providers and ensuring a smooth transfer to adult-centered care with current medical information.

Recognizing and responding to the diversity among youth, young adults and their families is essential to the transition process. This diversity may include differences in culture, race, ethnicity, languages spoken, intellectual abilities, gender, sexual orientation, and age. Implementation of the Six Core Elements depends so much on communication, therefore practices and organizations should provide appropriate oral, written and technology-enabled education, including interpretation and translation services and health literacy supports as needed.

The Six Core Elements of Transition define the basic components of transition support and the sample tools in this package provide well-tested means for transitioning youth to adult providers and services. Originally developed in 2009, this updated version incorporates the results of recent transition learning collaborative experiences in several states, an examination of transition innovations in the United States and abroad, and reviews by over 50 pediatric and adult health care professionals and youth and family experts.

To implement the Six Core Elements, a quality improvement approach is recommended. Plan-do-study-act (PDSA) cycles provide a useful way to incrementally adopt the Six Core Elements as a standard for the care for youth and their families. Leadership support from the organization is critical as well. Oftentimes, organizations decide to begin with a subset of youth in order to pilot the changes needed for transition. Sample tools that can be customized for use are available in this package and on [www.GotTransition.org](http://www.GotTransition.org) or [www.acponline.org](http://www.acponline.org) (search for the Pediatric to Adult Care Transitions Initiative).

Got Transition and OCC3 welcome your comments and feedback on the Six Core Elements of Transition toolkit. Thank you for your interest in the successful health care transitions of youth and young adults.

## Six Core Elements of Transition

### 1. Transition Policy

- Develop a transition policy/statement with input from youth and families that describes the organization's approach to transition, including age of transition, privacy and consent information.
- Educate all staff about the approach to transition, the policy/statement, the *Six Core Elements*, and distinct roles of the youth, family, and staff in the transition process, taking into account cultural preferences.
- Post policy and share/discuss with youth and families, beginning at age 14, and regularly review (at least annually) as part of ongoing care. A sample letter is attached, as well as a roadmap of the process, but this could also be sent via your patient portal, or on a poster in your waiting room.

### 2. Transition Tracking and Monitoring

- Establish criteria and a process for identifying transitioning youth and enter their data into a registry.
- Utilize an individual flow sheet or registry to track youth's transition progress with the *Six Core Elements*.
- Incorporate *Six Core Elements* into your clinical care process, using EHR if possible.

### 3. Transition Readiness

- Conduct regular transition readiness assessments, at least annually, beginning at age 14
- Jointly develop goals and prioritize actions with youth and their parent/caregiver and document regularly in a plan of care. Assign homework to learn health care tasks. You may need to follow up sooner rather than waiting a year, especially when goal-setting.

### 4. Transition Planning

- Develop and regularly update the Transition plan of care (at least annually), including readiness assessment findings, goals and prioritized actions, medical summary and emergency care plan, and, if needed, legal documents (e.g. Conservatorship papers).
- Prepare youth and parent/caregiver for adult approach to care at age 18, including legal changes in decision-making and privacy and consent, self-advocacy, and access to information.
- Determine need for decision-making supports for youth with intellectual challenges and make referrals to legal resources.
- Plan with youth and parent/caregiver for optimal timing of transfer. If multiple providers are involved, discuss optimal timing for each.
- Assist youth in identifying an adult provider and communicate with selected provider about pending transfer of care.
- Provide linkage to insurance resources, self-care management information, and culturally appropriate community supports.
- Depending on the resources you have to spend time educating and coordinating care for patients, a risk assessment tool may help in identifying patients who may need more assistance.

### 5. Transfer of Care

- Confirm date of first adult provider appointment.
- Transfer young adult when his/her condition is stable.
- Consult with adult provider and determine what records they want/need. The transfer package may include the final transition readiness assessment, a plan of care with transition goals and pending actions, a medical summary and emergency care plan, and, if needed, legal documents, and additional provider records.
- If needed, prepare a letter with the transfer package, send to the adult practice, and confirm the practice's receipt of package.
- Confirm with adult provider the pediatric provider's responsibility for care until young adult is seen in adult setting.

### 6. Transfer Completion

- Contact young adult and parent/caregiver 3 to 6 months after last pediatric visit to confirm transfer of responsibilities to adult providers and elicit feedback on experience with transition process.
- Communicate with adult practice confirming completion of transfer and offer consultation assistance, as needed.
- Build ongoing and collaborative partnerships with adult providers.

[*Pediatric Provider Name*] wants to help our patients (clients) make a smooth transition from pediatric to adult care. This means working with youth, beginning at age 14, and their families, to get ready for the change from “pediatric” care, where parents make most decisions, to “adult” care, where young adults make the decisions. This means that we will spend time during the visit with the teen *without* the parent there. This will help teens understand their health and well-being and support them in becoming more independent with their own care. We will also help you prepare for the ways adult care is different, and how the resources to help you stay healthy might change.

At age 18, youth legally become adults. We know that many of our young adult patients continue to involve their families in decisions. We will be able to talk to family members about personal health information *only* with the young adult’s permission. If the youth has a condition that means that they cannot participate in care or make their own decisions, we would want parents/caregivers to think about the role they would have in making decisions.

We will work with youth and families to transfer to an adult provider and recommend that this transfer happens before age 21. We will help with this transfer process, including help finding a provider who sees adults, sending records, and talking with the adult provider about the needs of our patients.

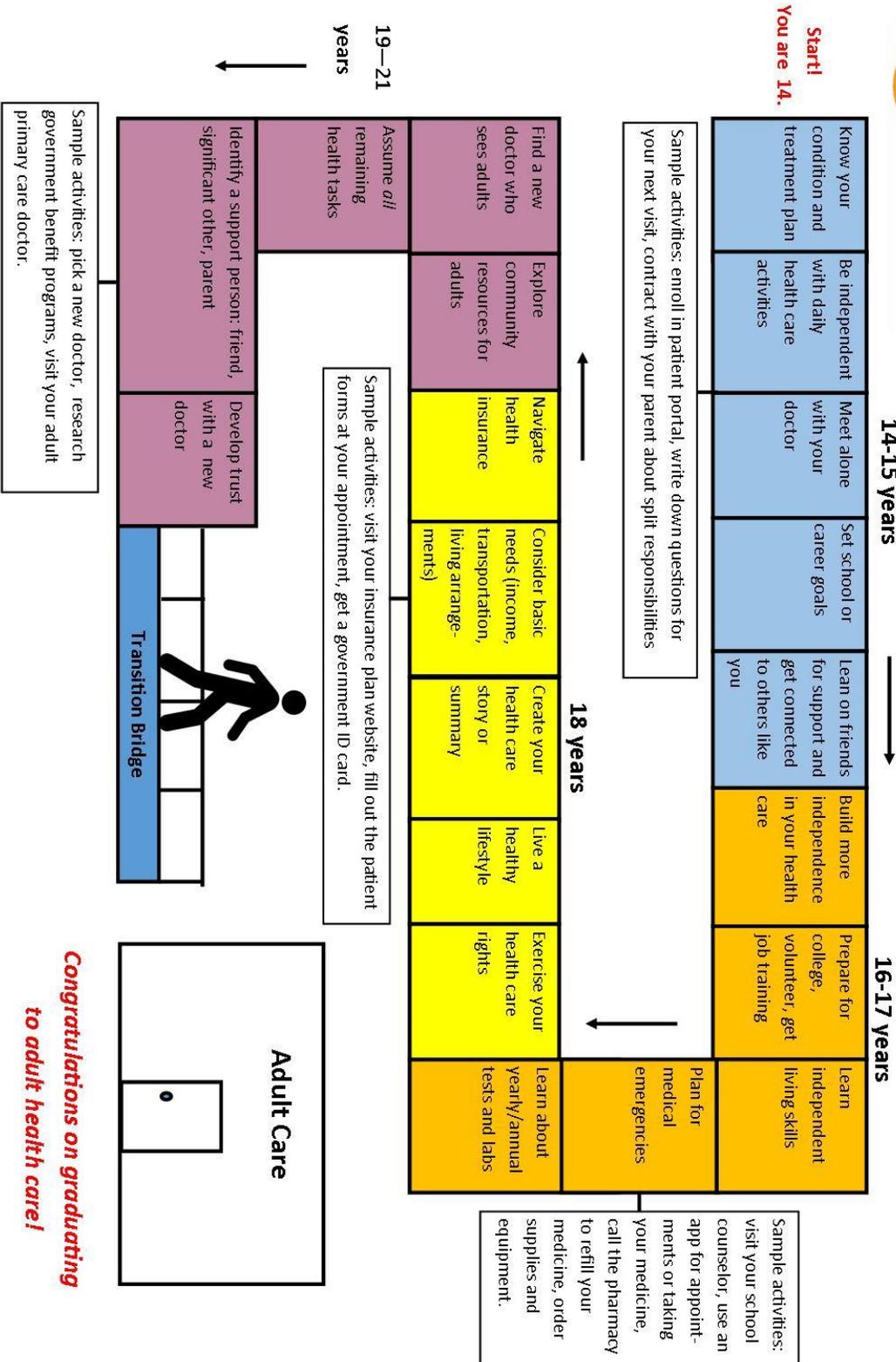
As always, if you have any questions or concerns, please feel free to ask us.

## Transition Roadmap



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These are the topics and skills you will learn during your transition visits, and ideas for goals you can work on, until you are independent with your own health care!



**Congratulations on graduating to adult health care!**



# Sample Checklist



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Primary Diagnosis/Reason for Services: \_\_\_\_\_

Transition Complexity: \_\_\_\_\_

Low, moderate, or high

## Transition Policy

-Practice policy on transition discussed/shared with youth and parent caregiver \_\_\_\_\_  
Date

## Transition Readiness Assessment

-Conducted transition readiness assessment \_\_\_\_\_  
Date Date Date Date Date

-Included transition goals and developed a plan of care \_\_\_\_\_  
Date Date Date Date Date

## Medical Summary and Emergency Plan

-Updated and Shared medical summary and emergency plan \_\_\_\_\_  
Date Date Date

## Adult Model of Care

-Decision-making changes, privacy, and consent in adult care discussed with youth and parent/caregiver (if needed, discussed plans for supported decision-making) \_\_\_\_\_  
Date

-Timing of transfer discussed with youth and parent/caregiver \_\_\_\_\_  
Date

-Adult Primary Care Provider Selected \_\_\_\_\_  
Name/Clinic Phone First Appt Completed

-Insurance Plan \_\_\_\_\_ Medical Group \_\_\_\_\_

-Other adult providers identified: \_\_\_\_\_

## Transfer of Care

-Prepared transfer package, if desired, which may include:

- Plan of care/Health Summary
- Legal documents, if needed
- Additional provider records, if needed

-Sent transfer package \_\_\_\_\_  
Date

-Communicated with adult provider about transfer \_\_\_\_\_  
Name Date

-Confirmed transfer, elicited feedback from young adult after transfer from pediatric care \_\_\_\_\_  
Date(s)

Transition Registry 1/21/2014							
DOB	Age	Name	Primary Diagnosis	Transition Complexity*	Date Last Seen	Next Scheduled Appointment (Date or Blank)	Date of first appointment with adult provider (Date or Blank)
	Red if over 18					Highlighted if no appt	Highlighted if not done by 22
3/4/1995	18 Y	Mary Smith	seizure disorder	3	12/13/2013	1/30/2014	
9/2/1996	17 Y	Billy Jones	asthma	1	6/23/2013	12/22/2014	
12/25/1997	16 Y	Susan Cue	congenital heart disease	1	7/6/2013	8/6/2014	
1/17/1993	21 Y	Terrence Train	JRA	2	8/16/2013		6/7/2014
6/17/2002	11 Y	Devin Carn	asthma	2	6/19/2013	12/21/2014	
4/18/1996	17 Y	David Crockett	well	1	12/22/2012		
4/2/1998	15 Y	Tom Sawyer	ADHD	2	6/19/2013	12/19/2014	
1/3/1990	24 Y	Jen Lawrence	cerebral palsy	3	1/14/2014	2/20/2014	
2/14/1999	14 Y	Sasha Jones	well	1	4/16/2012		
2/3/1994	19 Y	Enrique Montoya	well	1	5/13/2013		

\*Complexity Scoring  
 1= Low Complexity  
 2= Moderate Complexity  
 3= High Complexity

Transition Registry 1/21/2014								
Name	Policy Shared with Youth/Family (Yes or Blank)	Readiness Assessment Administered (Date or Blank)	Plan of Care Updated and Shared with Youth/Family (Date or Blank)	Medical Summary and Emergency Care Plan Updated and Shared with Youth/Family (Date or Blank)	Adult Provider Identified (Yes or Blank)	Transfer Package Sent to Adult Provider (Yes or Blank)	Communicated with Adult Provider (Yes or Blank)	Elicited Feedback about Transition from Youth and Family (Yes or Blank)
	Highlighted if not shared by 12	Highlighted if not done by 14	Highlighted if not done by 14	Highlighted if not done by 16	Highlighted if not done by 22	Highlighted if not done by 22	Highlighted if not done by 22	Highlighted if not done by 22
Mary Smith	Yes	8/13/2013	8/13/2013	8/13/2013	Yes			
Billy Jones	Yes	6/23/2013	6/23/2013	6/23/2013				
Susan Cue	Yes	7/6/2013	7/6/2013					
Terrence Train	Yes	8/16/2013	8/16/2013	8/16/2013	Yes	Yes	Yes	Yes
Devin Carn								
David Crockett	Yes	12/22/2012	12/22/2012	12/22/2012				
Tom Sawyer								
Jen Lawrence	Yes	9/14/2013	9/14/2013	9/14/2013	Yes	Yes		
Sasha Jones								
Enrique Montoya	Yes	5/13/2013	5/13/2013	5/13/2013				

Category	No/Low Need	Moderate Need	High Need
<b>Health</b>	Health status stable, sees PCP regularly, sees specialist appropriately.	Health status generally stable, regular office visits with 1 or more specialists.	Health status unstable, frequent office visits/contacts (including PCP), regular ER visits or hospitalizations, frequent consultations with two or more specialists.
<b>Family/Social Support</b>	Family status stable, no major environmental stressors, traditional social supports are present and utilized.	One or more stressors present, family requires occasional support from clinic and other community resources, patient is uncomfortable discussing their diagnosis with peers, patient in need of conservatorship.	Multiple major stressors are present, family resources are overwhelmed, extensive community support needed from multiple agencies, or major concerns about caregiving environment (i.e., DCFS/APS, domestic violence, probation, etc).
<b>Behavioral Health</b>	Behavioral health status is stable, may need routine anticipatory guidance.	Behavioral health diagnosis and in regular consultation and/or counseling with mental health providers.	Behavioral health status is unstable, or not receiving appropriate mental health treatment.
<b>Future Goals</b>	Regular classroom with minimal support, goal/future-oriented, able to secure and maintain employment.	Patient has IFSP, IEP or 504 plan, poor school performance or attendance, unclear or unreasonable goals, attending college outside of the area.	Extensive educational support required (e.g., 1:1 aide, special school), no tangible life goals (i.e., work/school), not in school or working; Regional Center client.
<b>Self - Management</b>	Patient and family follow through with recommendations, limited need for decision supports, no or few cultural factors impacting care, patient/family proactively manage care, patient actively participates when developmentally appropriate.	Patient and family require extra time to understand healthcare recommendations, regularly need decision supports, translator required for appts, occasional missed appts, patient has limited interest in participating.	Extensive need for decision supports and care reminders, cultural issues are a barrier to care, limited capacity for self-management, or major disagreements with the care plan, team is unable to reach patients, multiple missed appts, poor adherence to treatment plan.



# Sample Transition Readiness Assessment Youth



Please fill out this form to help us see what you know about your health and how to use health care and other resources, and the areas that you need to learn more about. If you need help completing this form, please ask your parent/caregiver.

Date:

Name:

Date of Birth:

## Transition Importance and Confidence

*On a scale of 0 to 10, please circle the number that best describes how you feel right now.*

How important is it to you to prepare for/change to an adult provider before age 21?

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

How confident do you feel about your ability to prepare for/change to an adult provider?

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

## My Health & Wellbeing

*Please check the box that applies to you right now.*

	Yes, I know this	I need to learn	Someone needs to do this... Who?
I know my medical and social service needs, condition, and treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can explain my needs to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my symptoms, including ones that I quickly need to see a doctor for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do in case I have a medical emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my own medicines, what they are for, when I need to take them and what happens if I don't.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my allergies to medicines and which medicines I should not take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry important health information with me every day (e.g. insurance card, allergies, medications, emergency contact information).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand how health care privacy changes at age 18 when I am legally an adult.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the names of services I use, how to reach them, and why I need them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Using Health Care

I know or I can find my doctor's or other provider's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make my own appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a visit to a provider, I think about questions to ask and write them down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get to my medical/social service visits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to go to get care when the provider's office is closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a file at home for my medical information or access to my electronic record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a copy of my current plan of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to fill out medical forms and how to use health insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get referrals to other providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where my pharmacy is and how to refill my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to get blood work or x-rays if my doctor orders them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a plan so I can keep my health insurance after 18 or older.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family and I have discussed my ability to make health care decisions at age 18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please fill out this form to help us see what your child knows about his or her health and wellbeing and the areas that you think he/she needs to learn more about. After you complete the form, compare your answers with the form your child has completed. Your answers may be different. We will help you work on some steps to increase your child's health care skills.

Date:

Name:

Date of Birth:



# Sample Transition Readiness Assessment Parents/Caregivers



## Transition Importance and Confidence

*On a scale of 0 to 10; please circle the number that best describes how you feel right now.*

How important is it for your child to prepare for/change to an adult provider before age 21?

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

How confident do you feel about your child's ability to prepare for/change to an adult provider?

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

## My Child's Health & Wellbeing

*Please check the box that applies to your child right now.*

	Yes, he/she knows this	He/she needs to learn	Someone needs to do this... Who?
My child knows his/her medical and other service needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child can explain his/her needs to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows his/her symptoms including ones that he/she quickly needs to see a doctor for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows what to do in case he/she has a medical emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows his/her own medicines, what they are for, and when he/she needs to take them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows his/her allergies to medicines and medicines he/she should not take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child carries important health information with him/her every day (e.g. insurance card, allergies, medications, emergency contact information, and medical summary).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows names and contact information for services he/she uses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child understands how health care privacy changes at age 18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Using Care

My child knows or can find his/her provider's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child makes his/her own appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a visit, my child thinks about questions to ask.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has a way to get to his/her appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows to show up 15 minutes before the visit to check in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows where to go to get medical or other care when the provider's office is closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has a file at home for his/her medical information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has a copy of his/her current plan of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows how to fill out medical forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows how to get referrals to other providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows where his/her pharmacy is and how to refill his/her medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows where to get blood work or x-rays if his/her doctor orders them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has a plan to keep his/her health insurance after ages 18 or older.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child and I have discussed his/her ability to make his/her own health care decisions at age 18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child and I have discussed a plan for supported decision-making, if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\* Note: If the patient will not be able to acquire most or any of these skills, do not provide this checklist to the parent**



# Sample Transition Readiness Assessment Parents/Caregivers



## Dependent Youth

Date:

Patient Name:

Date of Birth:

Parent Name:

### Transition Importance and Confidence

*On a scale of 0 to 10; please circle the number that best describes how you feel right now.*

How important is it for your child to prepare for/change to an adult provider before age 21?

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

### My Child's Health & Wellbeing

*Please check the box that applies to you right now.*

Yes, I know  
this

I need to learn

I understand the legal changes that happen when my child turns 18.



I have discussed conservatorship with my child's doctor(s)..



I know about the government benefits available for my child (e.g., SSI).



I have participated in transition planning with the school/Regional Center/MTU



I am aware of how insurance might change at age 19 or 21.



I know what resources are available for disabled adults



I have begun discussing transition with my child's providers.



I have a plan for my child post high school.



I understand my child's plan of care and know about all medicines, physicians, vendors, supplies/equipment, and what to do in an emergency.



I understand how to navigate my child's "adult" insurance including referrals for specialists, how to appeal/file a grievance, how to access case management.



I have identified an adult primary care provider, adult specialists and vendors who take my child's "adult" insurance.



I have identified a hospital for adults for my child that is affiliated with my providers/insurance.



# Sample Plan of Care



**Instructions:** This sample plan of care is a written document developed jointly with the transitioning youth and his/her parents to establish priorities and a course of action that integrates health and personal goals. Motivational interviewing and a strength-based approach are key tools for developing a collaborative process and shared decision-making. Information from the transition readiness assessment can be used to guide the development of transition goals. The plan of care should be dynamic and updated regularly and sent to the new adult provider as part of the transfer package. The act of setting and achieving health goals is itself a transition activity that builds mastery and confidence.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Primary Diagnosis/Need: \_\_\_\_\_

What matters most to you as you become an adult? How can learning more about your needs and how to use services to support your goals?

Prioritized Goals	Issues or Concerns	Actions	Person Responsible	Target Date	Date Complete

Initial Date of Plan: \_\_\_\_\_

Last Updated: \_\_\_\_\_

Parent/Caregiver Signature: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_

Care Staff Contact: \_\_\_\_\_

Care Staff Phone: \_\_\_\_\_



# Sample Health Summary



This document should be shared with and carried by youth and families/caregivers.

Date Completed: \_\_\_\_\_ Date Revised: \_\_\_\_\_

Form completed by: \_\_\_\_\_

**Contact Information**

Name: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent (or Support Person)/Phone: \_\_\_\_\_ Conservatorship: Yes/No Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Best Time to Reach: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Best Way to Reach: Text Phone Email

Health Insurance Plan/Medical Grp: \_\_\_\_\_ ID #: \_\_\_\_\_

**Emergency Care Plan**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Emergency Care Location: \_\_\_\_\_

**Allergies and Procedures to be Avoided**

Allergies	Reactions

To be avoided	Why?
<input type="checkbox"/> Medical Procedures:	
<input type="checkbox"/> Medications:	

**Diagnoses and Current Problems**

Problem	Details and Recommendations
<input type="checkbox"/> Primary Diagnosis	
Emergency Plan/Information for above	
<input type="checkbox"/> Secondary Diagnosis	
Emergency Plan/Information for above	
<input type="checkbox"/> Other (including communication, learning, hearing/vision issues)	

**Medications**

Medications	Dose	Frequency	Medications	Dose	Frequency

**Providers**



# Sample Health Summary



Provider	Agency Name	Email	Phone	Fax
<b>Prior Surgeries, Procedures, and Hospitalizations</b>				
Date				
<b>Plan of Care; Necessary Labs, Specialty Visits, and Screenings</b>				
Test/Consult	Frequency	Concern		
<b>Equipment, Appliances, and Assistive Technology</b>				
<b>School, Regional Center, Behavioral Health and other service providers Information</b>				
Agency/School/Regional Center	Contact Information			
	Contact Person:	Phone:		
	Contact Person:	Phone:		
	Contact Person:	Phone:		
<b>Special information that the youth or family wants health care professionals to know</b>				

Dear Adult Provider,

Name is an age year-old patient of our pediatric practice who will be transferring to your care on date. His or her primary chronic condition is condition, and his or her secondary conditions are conditions. Name's related medications and specialists are outlined in the enclosed transfer package that includes his or her medical summary and \_\_\_\_\_. Name acts as his or her own guardian, and is insured under insurance plan until age.

I have had name as a patient since age and am very familiar with his or her condition, medical history, and specialists. I would be happy to provide any consultation assistance to you during the initial phases of name's transition to adult health care. Please do not hesitate to contact me by phone or email if you have further questions.

Thank you very much for your willingness to assume the care of this young man or woman.

Sincerely,

This is a survey about your experience changing from pediatric to adult care. Your responses to this survey are confidential.

- |   |  |
|---|--|
| <p>1. How often did your previous provider explain things so you could understand?</p> <p><input type="checkbox"/> Always<br/> <input type="checkbox"/> Usually<br/> <input type="checkbox"/> Sometimes<br/> <input type="checkbox"/> Never</p> <p>2. How often did your previous provider listen carefully to you?</p> <p><input type="checkbox"/> Always<br/> <input type="checkbox"/> Usually<br/> <input type="checkbox"/> Sometimes<br/> <input type="checkbox"/> Never</p> <p>3. Did your previous provider inform you when you may need to change to a new provider who treats mostly adults?</p> <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p>4. Did you talk with your previous provider without your parent or guardian in the room?</p> <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p>5. Did your previous provider actively work with you to learn how to manage your own health and health care (e.g., know your medications and their side effects, how to make appts)?*</p> <p><input type="checkbox"/> A lot<br/> <input type="checkbox"/> Some<br/> <input type="checkbox"/> A little<br/> <input type="checkbox"/> Not at all</p> <p>6. Did your previous provider actively work with you to plan for your future (e.g., discuss future plans about education, work, relationships)?*</p> <p><input type="checkbox"/> A lot<br/> <input type="checkbox"/> Some<br/> <input type="checkbox"/> A little<br/> <input type="checkbox"/> Not at all</p> | <p>7. How often did you schedule your own appointments?</p> <p><input type="checkbox"/> Never<br/> <input type="checkbox"/> Sometimes<br/> <input type="checkbox"/> Usually<br/> <input type="checkbox"/> Always</p> <p>8. Did your previous provider explain legal changes in privacy &amp; decisions that happen at 18?</p> <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p>9. Did your previous provider create and give you a medical summary?</p> <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p>10. Did your previous provider give you information about community resources?</p> <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p>11. Do you know what insurance you will have for adult health care?*</p> <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p>12. Did your previous provider assist you in identifying a new adult provider to transfer to?</p> <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p>13. Did you feel prepared to change to an adult provider?</p> <p><input type="checkbox"/> Very prepared<br/> <input type="checkbox"/> Somewhat prepared<br/> <input type="checkbox"/> Not prepared</p> <p>14. At what age did you change to an adult provider?<br/>Age ____</p> <p>15. How could your move to an adult provider have been better?</p> <p>16. How could your health care provider have made your move to an adult health care provider better?</p> |
|---|--|

This is a survey about your experience changing from pediatric to adult care. Your responses to this survey are confidential.

1. How often did your previous provider explain things so you could understand?
  - Always
  - Usually
  - Sometimes
  - Never
2. How often did your previous provider listen carefully to you and your child?
  - Always
  - Usually
  - Sometimes
  - Never
3. Did your previous provider inform you when your child may need to change to a new provider who sees mostly adults?
  - Yes
  - No
4. Did your previous provider talk to your child without you in the room?
  - Yes
  - No
5. Did your previous provider actively work with your child to learn how to manage their own health and health care (e.g., know medications and their side effects, how to make appts)?\*
  - A lot
  - Some
  - A little
  - Not at all
6. Did your previous provider actively work with your child to plan for their future (e.g., discuss future plans about education, work, relationships)?\*
  - A lot
  - Some
  - A little
  - Not at all
7. How often did your child schedule his/her own appointments?
  - Never
  - Sometimes
  - Usually
  - Always
8. Did your previous provider explain legal changes in privacy & decisions that happen at 18?
  - Yes
  - No
9. Did your previous provider create and give you and/or your child a medical summary?
  - Yes
  - No
10. Did your previous give you information about community resources?
  - Yes
  - No
11. Do you know what insurance your child will have for adult health care?\*- Yes
- No
12. Did your previous provider assist you in identifying a new adult provider to transfer to?
  - Yes
  - No
13. Does your child feel prepared to change to an adult provider?
  - Very prepared
  - Somewhat prepared
  - Not prepared
14. At what age did your child change to an adult provider?  
Age \_\_\_\_
15. How could your move to an adult provider have been better?



# Transition Resources

## Helping Youth and Young Adults with the Path to Adulthood!



### Health Care Skills & Transition (for Professionals)

- Got Transition is the national center for transition research, resources and education. [www.gottransition.org](http://www.gottransition.org)
- The American Academy of Pediatrics Position Statement on Transition: White PH, Cooley, C, AAP, AAFP, ACP (2018). Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home. *Pediatrics*, 142(5). [pediatrics.aappublications.org/content/142/5/e20182587](http://pediatrics.aappublications.org/content/142/5/e20182587)
- This article includes many helpful tips for talking with adolescents about sensitive topics, including a review of important health concerns, scripting, and screening tools. Klein DA, Goldenring JM & Adelman WP (2014). HEEADSSSS 3.0: The psychosocial interview for adolescents updated for a new century fueled by media. *Contemporary Pediatrics*, 1-16. <https://www.contemporarypediatrics.com/article/heedsss-30-psychosocial-interview-adolescents-updated-new-century-fueled-media>

### Health Care Skills (for Patients and Parents)

- Got Transition is the national center for transition research, resources and education. [www.gottransition.org](http://www.gottransition.org)
- Ranked Health uses doctors, researchers and patients to review health care app. [www.rankedhealth.com](http://www.rankedhealth.com)

### Employment and School

- IEPs include a transition planning section starting at age 14. Learn about your rights: [www.disabilityrightsca.org/publications/serr-special-education-rights-and-responsibilities](http://www.disabilityrightsca.org/publications/serr-special-education-rights-and-responsibilities)
- All school districts have transition programs for disabled students. There are also programs at OC Department of Education [www.ocde.us/SPED/Pages/Adult-Transition-Program.aspx](http://www.ocde.us/SPED/Pages/Adult-Transition-Program.aspx) and through Regional Center.
- A checklist for applying to college from the Khan Academy. [www.khanacademy.org/college-careers-more/college-admissions](http://www.khanacademy.org/college-careers-more/college-admissions)
- All colleges have an office that helps students with “disabilities”. Many people do not identify themselves that way, but the services are very helpful and include things like early registration and note-taking. [thinkcollege.net/think-college-learn/accessing-disability-services-0](http://thinkcollege.net/think-college-learn/accessing-disability-services-0)
- Orange County’s community colleges have many programs for students with disabilities and employment-related certification programs. Orange County has many employment programs that include resume help, job listings, and paid work experience:
  - OC Development Board Young Adult Program: [www.ocwib.org/young\\_adult](http://www.ocwib.org/young_adult)
  - Youth Programs at One Stop Centers: [ssa.ocgov.com/adopt/youth/community/employment/wib](http://ssa.ocgov.com/adopt/youth/community/employment/wib)
  - One Stop Centers [www.oconestop.com](http://www.oconestop.com)
- California DOR has programs for youth and adults that are individualized to help people with disabilities meet their goals. [www.dor.ca.gov/Home/StudentsandYouth](http://www.dor.ca.gov/Home/StudentsandYouth) or [www.dor.ca.gov/Home/JobSeekerConsumer](http://www.dor.ca.gov/Home/JobSeekerConsumer) (adults).
- Volunteering is a great way to check out different careers and build your resume. [www.oneoc.org](http://www.oneoc.org)
- Many school districts in Orange County have employment-related programs. Please check with your student’s Case Carrier or the Special Education Department of your students’ school district.

### Independent Living Skills

- Quiz – are you prepared to live on your own? [www.buzzfeed.com/alexfinnis/what-percentage-adult-are-you](http://www.buzzfeed.com/alexfinnis/what-percentage-adult-are-you)
- Learn about relationships, work and study skills, budgeting, and other skills to live on your own. [www.casey.org/casey-life-skills-resources](http://www.casey.org/casey-life-skills-resources)



# Transition Resources

## Helping Youth and Young Adults with the Path to Adulthood!



### Community Resources

- Dial **211** for all kinds of social services including emergency food, shelter, counseling, and other help. [www.211oc.org](http://www.211oc.org)
- This booklet is written for Los Angeles County, but the information about how you qualify for benefits is the same: [www.hungeractionla.org/peoplesguide](http://www.hungeractionla.org/peoplesguide) In OC you can apply for services at SSA. [ssa.ocgov.com/about/services](http://ssa.ocgov.com/about/services)
- Project Independence or Dayle McIntosh Center [www.proindependence.org](http://www.proindependence.org) [daylemc.org](http://daylemc.org) can help with questions and applications for SSI (Supplemental Security Income).

### Advocacy

- Orangewood Foundation helps foster youth success with independent living. [orangewoodfoundation.org](http://orangewoodfoundation.org)
- Information about DACA: <https://www.aclu.org/know-your-rights/know-your-rights-about-daca>
- Disability Rights CA helps individuals with disabilities, [www.disabilityrightsca.org/what-we-do/programs/client-assistance-program-cap](http://www.disabilityrightsca.org/what-we-do/programs/client-assistance-program-cap) as well as Dayle McIntosh Center, whose goal is living independently, [daylemc.org](http://daylemc.org) and the State Council on Developmental Disabilities [scdd.ca.gov](http://scdd.ca.gov)

### Information about Health & Services

- Search for quality health information about any condition: [teenshealth.org](http://teenshealth.org) or [amaze.org](http://amaze.org)
- Staying healthy: taking care of yourself to prevent illness: [familydoctor.org/teenagers-how-to-stay-healthy](http://familydoctor.org/teenagers-how-to-stay-healthy)
- Help in a crisis:
  - Crisis Text Line – text HOME to 741741 [www.crisistextline.org](http://www.crisistextline.org)
  - LGBTQ Youth [www.thetrevorproject.org](http://www.thetrevorproject.org)
- For family planning or other health care services: [findahealthcenter.hrsa.gov](http://findahealthcenter.hrsa.gov)
- Learn about healthy relationships: loveisrespect.org [www.loveisrespect.org](http://www.loveisrespect.org)
- For mental health or drug treatment: [findtreatment.samhsa.gov](http://findtreatment.samhsa.gov); county resources: (855)OCLINKS (625-4657)
- What happens if you mix your medicines with alcohol or other drugs? [www.drugcocktails.ca](http://www.drugcocktails.ca)

### For Parents

- Surviving the teen years: <https://kidshealth.org/en/parents/adolescence.html>
- Having conversations about sensitive topics: [www.talkwithyourkids.org](http://www.talkwithyourkids.org)
- An App to help you guide your youth through transition: [www.adolescenthealth.org/About-SAHM/Healthy-Student-App-Info.aspx](http://www.adolescenthealth.org/About-SAHM/Healthy-Student-App-Info.aspx)
- Cal Able - a program to save money for your child's care (tax free): [calable.ca.gov](http://calable.ca.gov)
- Special Needs Trust – information and referral: [www.specialneedsalliance.org](http://www.specialneedsalliance.org)
- Conservatorship information and legal resources: [www.occourts.org/directory/probate/probate-case-types/conservatorship.html](http://www.occourts.org/directory/probate/probate-case-types/conservatorship.html) and alternatives [www.disabilityrightsca.org/publications/limited-conservatorships-alternatives](http://www.disabilityrightsca.org/publications/limited-conservatorships-alternatives)
  - Public Law Center [www.publiclawcenter.org](http://www.publiclawcenter.org)
  - Legal Aid [www.communitylegalsocal.org](http://www.communitylegalsocal.org)