



Maternal and Child Health National Performance Measure

Transition to Adult Life

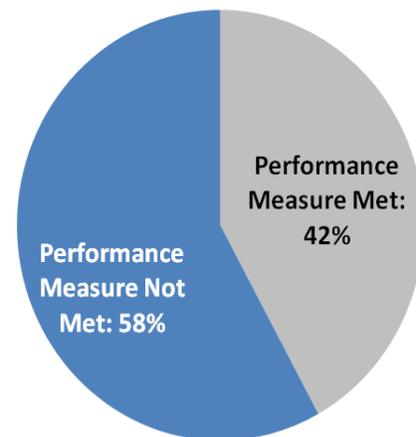
FACT SHEET

July 2014

Transition to adult life is the process of preparing a youth with special needs for adulthood. This includes adult health care, work, and independence. Transition requires planning, coordination, and communication between families and youth with special health care needs and their care providers. This is particularly relevant in the transition from pediatric to adult health care.

The Children with Special Health Care Needs (CSHCN) Program, along with a variety of partners, works to help families and youth in the state receive the services necessary to make transitions to adult life, including adult health care, work, and independence. In Washington State, 42% of youth with special health care needs receive the services necessary to transition to adult health care, work, and independence (Figure 1). The CSHCN Program addresses this Performance Measure by:

**Figure 1: Adolescent Transition
NS-CSHCN, 2009-2010¹
Washington State**



Partnerships

Supporting a contract with the Center for Children with Special Needs at Seattle Children's to promote adolescent transition activities, including:

- Integrating adolescent transition issues into the Families as Teachers program for medical residents and the University of Washington professional student trainings.
- Web content and links for the youth employment section of cshcn.org
- Promoting awareness and access to electronic versions of the newly developed youth transition notebooks.
- Developing and implementing a networking forum to promote communication and care coordination, including issues related to teen transition.
- Assessing successful transition models and making recommendations for systems changes to support youth transition.
- Reviewing the impact the Affordable Care Act had on transition.

Family Support

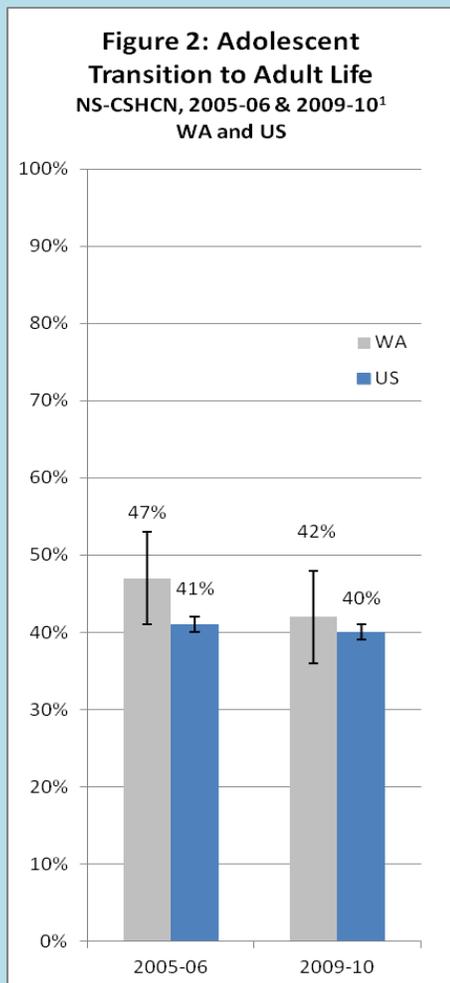
Supporting contracts and partnerships with family support organizations such as Parent to Parent, Fathers Network, and Family to Family Health Information Center to deliver messages to families about planning for adolescent transition early.

Promoting Medical Homes

Supporting grants and contracts such as the University of Washington's Medical Home Partnerships Project to incorporate content and resources about adolescent transition into routine care for children and youth with special health care needs.

National Performance Measure

Figure 2 below shows how Washington State measures up to the U.S. Parents of children with special health care needs were surveyed about who their provider treats, whether their insurance eligibility changes, and whether the adolescent patient is encouraged to take on responsibility for his/her own care.



Transition to Adult Life

Transition refers to the process of preparing for and then moving from a child-oriented perspective to one that supports the individual as he or she moves toward mature adult life. This requires coordination and communication between the families and youths with special health care needs and their providers. They need to move from services designed for children to those that support and target adults.

While rapid advances in science have enabled over 90% of children born with special needs to reach adulthood, many are less likely than their non-disabled peers to finish high school, go to college, get jobs or live independently. There have been few coordinated services available to assist them. As a result, many have remained dependent on family members.

Like everyone else, they want and deserve a full range of coordinated services. Although federal mandates exist and some opportunities are available, outcomes for these youth remain poor. The challenge is to simultaneously improve the system and to prepare youth and their families with the knowledge and skills necessary to promote self-determination, wellness and successful navigation of the adult service system.

Data Sources

1. National Survey of Children with Special Health Care Needs. NS-CSHCN 2009/10. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 6/12/12 from www.childhealthdata.org.

Endnotes

The Adolescent Transition to Adult Life National Performance Measure was created by the Maternal and Child Health Bureau (MCHB) and The Child and Adolescent Health Measurement Initiative (CAHMI), together with their partners. In order to meet this measure, the parent must report that their child's (age 12-17) doctor encouraged increasing responsibility for self-care and (when needed) discussed transitioning to adult health care, changing health care needs, and how to maintain insurance coverage.

Other Resources:

Adolescent Health Transition Project depts.washington.edu/healthtr/
Medical Home Partnerships Project www.medicalhome.org/
The Center for Children with Special Needs at Seattle Children's www.cshcn.org
Maternal and Child Health Bureau mchb.hrsa.gov
The Arc of Washington State www.arcwa.org
Washington PAVE www.wapave.org
Primary Care Provider Survey, Washington State Department of Health, CSHCN Program August, 2008