

Health Care Transition Initiatives

Objective 5.1: Increase by 5% the proportion of adolescents and young adults (ages 12–21) who actively engage with their medical home provider to assess health care transition needs and develop a documented transition plan to adult health care by the end of 2030.

Health Care Transition (HCT) Planning

Transition planning is an essential component of supporting youth with special health care needs (YSHCN) as they move from pediatric to adult-oriented health care systems. This transition process often involves changes in providers and care teams, increased responsibility for self-management, navigation of adult services and supports, and preparation for greater independence. These transitions can be complex for youth, families, and providers, underscoring the need for coordinated, developmentally appropriate, and family-centered transition planning.

The Kansas Special Health Care Needs (KS-SHCN) Program recognizes the importance of equipping staff, families, and partners with the knowledge, tools, and resources necessary to support successful health care transitions. During FFY27, Kansas Title V will focus on strengthening internal staff knowledge, readiness, and consistency related to transition planning practices. Planned staff learning opportunities will introduce and reinforce the Six Core Elements of the Got Transition framework and associated transition planning resources. Activities will include assessing staff knowledge and confidence in transition planning and building a foundation for consistent implementation across care coordination practices.

Concurrently, the program will prioritize the development and dissemination of accessible transition planning resources for youth, families, and community partners. These resources will support families in understanding the transition process, preparing adolescents for adult health care systems, and engaging effectively with providers and care teams. By strengthening staff capacity and increasing access to clear, actionable information, Kansas Title V aims to ensure that health care transition planning becomes a consistent, supportive, and family-centered component of care for YSHCN statewide.

SHCN Program Transition Planning Tracking

Consistent documentation and tracking of health care transition activities are essential to ensuring adolescents and young adults with special health care needs receive coordinated guidance and support as they prepare for adult care systems. Standardized processes for documenting transition readiness assessments, transition-related discussions, goal setting, and follow-up activities can improve continuity of care and strengthen care coordination efforts across the program.

In FFY27, the KS-SHCN Program will begin exploring the development of a structured transition planning tracking system to support standardized documentation and implementation practices. Activities will include reviewing potential tools, templates, workflows, and documentation processes to be integrated into routine care coordination. The program intends to identify approaches for consistently assessing transition

readiness, initiating transition conversations, documenting planning activities, and monitoring progress over time.

Initial FFY27 efforts will focus on laying the groundwork for future implementation by identifying key data elements, workflow touchpoints, and opportunities to pilot transition-tracking processes within satellite office settings. Through these foundational activities, the program aims to strengthen consistency in transition planning practices, improve monitoring and evaluation capacity, and support development of a sustainable, system-wide approach to health care transition tracking and coordination.

Transition Educational Materials

Accessible, family-friendly educational materials are an important strategy for supporting youth with special health care needs and their families as they prepare for adulthood and transition to adult systems of care. During FFY27, the Title V Children and Youth with Special Health Care Needs (CYSHCN) Director will continue efforts to update and finalize The Future Is Now Think Big!!! transition booklet series, which includes age-specific materials for ages 0–6, 7–13, and 14–19. These resources address multiple areas related to transition planning, including health care, education, independence, employment, and community participation.

Originally developed in 2012, the booklet series is currently being reviewed and updated with input from families participating in the Family Advisory Council and in partnership with Families Together, Inc. to ensure materials reflect current best practices, family priorities, and evolving transition needs.

In addition to updating the materials themselves, FFY27 activities will include developing guidance and training supports for the SHCN Program care coordination team on effective integration of the booklets into family interactions and care coordination activities. This effort will support staff in consistently using the materials to reinforce key transition concepts, facilitate family-centered discussions, and help families apply transition planning information in meaningful, practical ways. By centering family input and emphasizing practical implementation, Kansas Title V aims to provide accessible and relevant transition tools that support informed decision-making and smoother transitions for adolescents and young adults with special health care needs.