

NAvigaTe Program Toolkit

Nurse Assisted Transition Project 2013-2015





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NAvigaTe Program Toolkit

Introduction

Post-secondary students who have been hospitalized for a mental health reason are often poorly supported in their transition between hospital and the post-secondary setting. They may experience difficulty navigating and accessing community and campus services, encounter difficulty reintegrating into their academic and social environments, require intensive support from campus services and resources and are at high risk for dropping out of school, relapse and re-hospitalization. To help address the needs of students during this vulnerable period, Ryerson University, York University, and the University of Toronto partnered to develop and implement a pilot program designed to connect students to appropriate services and supports following a stay in hospital for a mental health reason. This pilot project was funded through the Ministry of Training Colleges and Universities.

Overview of Program

Students accessed the program through referrals from hospitals or campus services. In consultation with the program psychiatrist, a Transition Coordinator (TC) assessed the student for eligibility. If they met the eligibility criteria, students were admitted to the program where they would have the support of the TC, who was a mental health nurse, and access to the program psychiatrist.

The role of the TC was primarily to help students connect with the most appropriate resources on and off campus. In addition, the TC provided education, helping students to better understand their diagnoses and symptom management, medication management, self-care practices (i.e. nutrition, sleep, exercise, stress management), the impact of their behaviour patterns and goal setting, and effective use of resources according to identified needs and goals. When appropriate, the TC could also assist students to advocate for needed support, services, care and/or academic accommodation.

Program Model Design and Implementation

Team Development

- a. The NAvigaTe team consisted of one Program Coordinator, two Transition Coordinators (TCs), and one Program Psychiatrist.
- b. Registered Nurses with psychiatric nursing experience were hired for the two TC positions and were shared across the three partner universities. Because the RNs were not working within any of the three university health or counselling services, but exclusively within the NAvigaTe Program, they were required to purchase malpractice insurance from the RAO.
- c. The team undertook the literature search, environmental scan, building of relationships with campus and community stakeholders, program tool development, and implementation and evaluation planning. The team reported regularly to the Steering Committee. The TCs were clinically supervised by the Executive Director, Health & Wellness, who is an RN, as well as the program psychiatrist.
- d. A Steering Committee composed of representatives of the three partner schools provided direction and oversight.

Development of Protocols, Processes and Tools

Required before implementation/launch:

- a. Communication Tools & Strategy:** Tools were developed to communicate details of the program to campus and community resources and included a program brochure, a program logo, a one-page program descriptor, and business cards for the TCs. Terms of Reference were developed for the Steering Committee. The project team contacted and met with campus and community stakeholders to discuss details of the program, how to refer, eligibility criteria, length of pilot, limits of program, objectives, etc.
- b. Client Care Plan:** Every client was required to review and sign the care plan which included discharge criteria. The Client Care Plan was developed to help guide the support provided to clients of the program during the transition stage. Given limited resources of the program, it was necessary to develop a set of criteria to determine when a client would be discharged from the program. Clients were made aware of the discharge criteria early in the program.
- c. NAvigaTe Care Pathway:** A high level protocol that was developed to map out the key stages of care, decision points and procedures from admission to discharge from the NAvigaTe Program. It was important that this tool be equally applicable at all of the three partner institutions. It was understood that, depending on the institution's pre-existing resources, the care pathway may need to be adjusted. For example, at one of the partner universities, some adjustments needed to be made, in terms of how students would move through the care pathway, given pre-existing campus resources.
- d. Referral Form:** The referral form was shared with hospitals and campus resources, usually along with the one-page program descriptor. The form, in addition to gathering basic client information and reason for referral, includes a section giving "consent" for the TC to contact the student. Again, because NAvigaTe was a distinct program, separate from the health or counselling services at any of the three partner universities, referrals had to be sent directly to the NAvigaTe Program staff through the program's confidential fax.
- e. Brief Direct Inventory (intake assessment form) & re-assessment forms:** These forms were modelled after the BDI used at one of the partner universities. This intake assessment form was initiated in the first face-to-face meeting with a client, assisted in determining eligibility for the program, and if eligibility is confirmed, could be completed before or at the second face-to-face meeting with the client.
- f. Privacy and Consent Forms:** Forms were developed for each of the three participating sites. Consent to share information with campus counselling and other services was obtained at the first face-to-face visit with clients. Consent was obtained verbally by phone only if the need to share information was deemed to be urgent; and if so, was documented as such and then followed up with a signed paper copy.
- g. Evaluation Forms:** Each client of the NAvigaTe Program was asked to evaluate the services provided at the time of discharge, and at eight weeks following discharge. The clients were asked to complete an anonymous questionnaire that asked them to indicate the degree to which NAvigaTe assisted them in their reintegration into school, with relevant health concerns, and with their academic progress. As well, campus

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and community stakeholders were asked to complete evaluation forms.

- h. Equipment & Tools:** The TCs were provided with office space on each of the three campuses. They were also provided lap top computers, smartphones, mobile internet sticks, and a secure voicemail, enabling the TCs to work remotely/be mobile. Following consultation with hospitals and other campus resources, it was determined that fax was the mechanism most widely used by hospitals for making referrals and sharing information between services. Therefore, a secure virtual fax was established to enable TCs to safely receive confidential referrals from hospitals, university counseling centres and other campus resources. When a referral was faxed, the TCs received notification via confidential email.

One-Page Program Descriptor for Campus and Community Stakeholders



Being in hospital, even for a short time, can have a serious impact on a student's life. Getting back to usual routines, including academics, can be tough. Students who have been hospitalized for a mental health issue can now access the services of a registered nurse/Transition Coordinator to help ease the transition from hospital back to school. The Transition Coordinator will help connect the student to the most appropriate resources, with the goal of making the transition as seamless as possible.

The Transition Coordinator will support clients who have been hospitalized for a mental health issue to return to university, for a period of up to three months, through:

- Building relationships with key university campus partners to facilitate appropriate referrals to and from the NAvigaTe Program
- Liaising with local hospitals and the emergency departments to support the seamless transition of clients from hospital back to university
- Assisting clients with navigating both healthcare and education systems as well as connecting clients with appropriate resources
- Assisting clients to follow plans of care and maintain optimal wellbeing and functioning, while waiting for resources to become available, through ongoing assessment and goal setting, education, advocacy and consulting with the Program psychiatrist as necessary.

In order to be eligible for the NAvigaTe Program, the student must:

- Be currently enrolled at either Ryerson, York or the University of Toronto (St. George Campus);
- Not be well-connected to community mental health and/or academic services;
- Have had a recent hospital visit;
- Be at least 16 years of age.

Building Therapeutic Relationships throughout the transition phase - establishing trust, mutual respect, encouraging insight and self-awareness, demonstrating cultural competence, and advocating on client's behalf while encouraging self-advocacy – is key to effectively enacting the role. The client should have a clear understanding in regards to the mandate of the Program.

Assessments & Evaluation: The Transition Coordinator will conduct intake assessments, ongoing MSE assessments, risk assessments and tracking progress toward goals.

Education: The Transition Coordinator will assist clients to meet learning goals with regards to:

- Understanding diagnosis and symptom management, medication management
- Understanding role of self-care (i.e. nutrition, sleep, exercise, stress management)
- Understanding the impact of their behaviour patterns and alignment with goals
- Understanding best use of resources according to identified needs and goals

Advocacy: The Transition Coordinator will assist clients, when appropriate, by advocating on their behalf to access needed support, services, care and accommodation.

NAvigaTe Brochure

what we do

Being in hospital, even for a short time, can have a serious impact on a student's life. Getting back to usual routines, including academics, can be tough. Students who have been hospitalized (including a visit to the emergency department) for a mental health issue can now access the services of a registered nurse/Transition Coordinator to help ease the transition from hospital back to school. The Transition Coordinator will help connect the student to the most appropriate resources.

NAvigaTe is a pilot project that will run until March 2015.

who we serve

The NAvigaTe Program is available for:

- currently enrolled students at York University, University of Toronto, St. George Campus and Ryerson University
- students who have had a recent hospital stay for a mental health reason and require support in order to connect to campus or community resources in order to support continued academic progress and
- students aged 16 years or older

how to contact us

Fax referrals to:
1.855.878.6601

For inquires about the program, call:
416.978.6945 ext. 1



helping students transition back to university

A partnership between Ryerson University,
York University and the University of Toronto

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Sample Steering Committee Terms of Reference

Funder: Ministry of Training Colleges and Universities funded pilot project

Purpose: The NAvigaTe Program Steering Committee is tasked with designing and implementing a program to provide transitional support to post-secondary students following a stay in hospital for reasons relating to mental health. Through this program, assistance will be provided to post-secondary students in their transition from hospital to post-secondary settings. X campuses, Y hospitals, and Z community agencies have partnered to develop a program to support post-secondary students to connect to appropriate community and post-secondary services during the critical transition back to school following a stay in hospital.

Goals:

- Design and implement a program for supporting students discharged/released from hospital back to the community and school and/ or sent to the hospital for a mental health issue from school
- Assessment of effectiveness of the program

Deliverables: The mandate of the NAvigaTe Program Steering Committee is to discuss and achieve consensus on the key decision points related to the development of the program model. Specific tasks and key decision points that will be included as part of the work performed by the NAvigaTe Program Steering Committee are:

- Development of the NAvigaTe Program Transition Coordinator role
- Development of mechanisms to determine eligibility for admission to the NAvigaTe Program
- Development of a Care Pathway
- Approval of program tools and forms
- Establishment of communication protocols within the NAvigaTe team
- Building method of evaluation of the program model
- Designing information sharing system between and within the partners
- Development of monitoring/tracking processes
- Revising protocols as needed
- Measuring outcomes
- Management of the project budget
- Establishment of mechanisms to build partnerships between NAvigaTe and local hospitals or on and off campus resources
- Regular reporting to funder

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Steering Committee: Project Manager, Transition Coordinators, Representatives from each of the three partner PSEs, Program Psychiatrist. Guides program development, implementation and evaluation. Advise Program Coordinator. Each PSE representative provides “local” support to Transition Coordinators.

Program Coordinator: Manage all aspects of the program, including scheduling of Steering Committee meetings and communicating updates, program design, community outreach, program tool development, plan and support implementation of the Transition Coordinator role, coordinate program evaluation and develop stakeholder reports.

Transition Coordinators: Provide support and care to clients of the NAvigaTe Program. Work with Program Coordinator to design and develop program, program tools and evaluation, and stakeholder reports.

Nursing Clinical Report: Transition Coordinators/mental health nurses report to the Executive Director, Health & Wellness, UofT (a Registered Nurse).

Program Psychiatrist: Provide consultation to the Steering Committee and to all clients admitted to the NAvigaTe Program. Provide clinical consultation to the Transition Coordinators.

Meetings

In the initial phase of planning the NAvigaTe Project Planning Committee may need to meet more frequently, however for the duration of the project, meetings will be held as needed.

Budget

Program coordinator: 0.5 FTE

Transition coordinators: 1.5 FTE (0.5 FTE/campus)

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Role of Transition Coordinator

The Transition Coordinator will support clients who have been hospitalized for a mental health issue to return to university, for a period of up to three months, through:

- Building relationships with key university campus partners to facilitate appropriate referrals to and from the NAvigaTe Program
- Liaising with local hospitals and the emergency departments to support the seamless transition of clients from hospital back to university
- Assisting clients with navigating both healthcare and post-secondary education systems as well as connecting clients with appropriate resources
- Assisting clients in following plans of care and maintain optimal wellbeing and functioning, while waiting for resources to become available, through ongoing assessment and goal setting, education, advocacy and consulting with the Program psychiatrist as necessary.

Building Therapeutic Relationships throughout the transition phase - establishing trust, mutual respect, encouraging insight and self-awareness, demonstrating cultural competence, and advocating on client's behalf while encouraging self-advocacy – is key to effectively enacting the role. The client should have a clear understanding in regards to the mandate of the Program.

Assessments & Evaluation

Intake Assessment: Conduct a brief directed interview at intake to assess for eligibility and to initiate transition planning.

Ongoing MSE Assessment: Conduct mental status evaluation (MSE) on all clients admitted to the program at each in person meeting.

Risk Assessment: Conduct risk assessment when indicated according to MSE, reporting and responding appropriately to observed behavioural and psychological changes.

Progress Assessment: Ongoing evaluation of goals/objectives (i.e., learning about medication management, new diagnosis), strengths assessment, exploring coping mechanisms and support systems. (Providing an eight week follow up call to evaluate the effectiveness of the program).

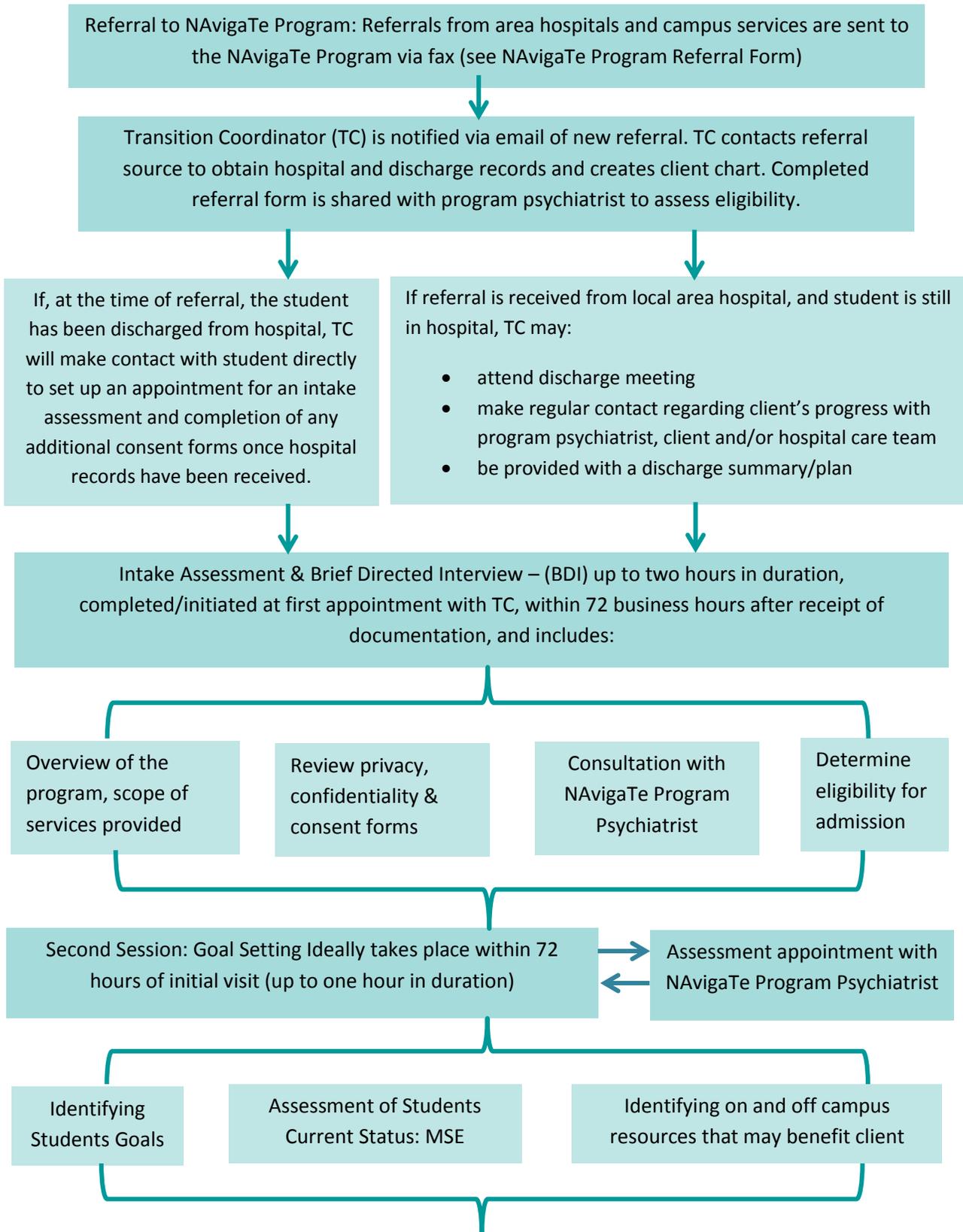
Education: The Transition Coordinator will assist clients to meet learning goals and to better understand:

- Their diagnosis and symptom management, medication management
- The role of self-care (i.e. nutrition, sleep, exercise, stress management)
- The impact of their behaviour patterns and alignment with goals
- The best use of resources according to identified needs and goals

Advocacy: The Transition Coordinator will assist clients, when appropriate, by advocating on their behalf to access needed support, services, care and accommodation.

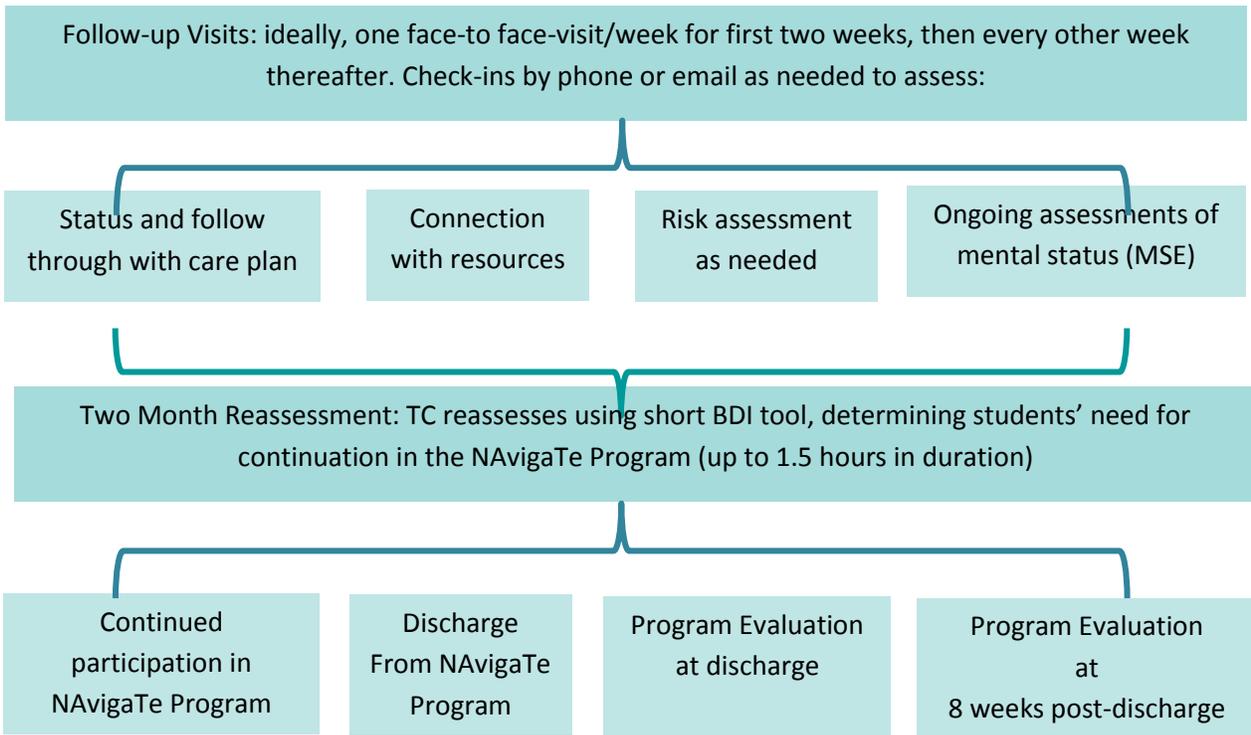


NAvigaTe Care Pathway



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Care Pathway cont'd





NAvigaTe Program Referral Form

A. Student Information

Student Name: _____
Please print clearly Surname _____ First Name _____

Date of Birth: _____ Student Number: _____
YYYY MM DD

Health Card Number _____ (Version Code) _____

Home Phone: _____ Email: _____

Cell Phone: _____ Preferred method of contact: cell phone ___ home phone ___ Email ___

B. University Information

Name of Post-Secondary Institution: _____

Program of Study: _____ Year: _____

C. Referral Source

Referral Form Completed by: _____ Contact Information: _____

Reason for Referral: _____

Hospital: _____ Inpatient: _____ Discharged: _____

Consent Obtained: Yes _____ No _____ Discharge Date: _____

D. Consent

To be completed by student:

I give consent for this information to be shared with the **NAvigaTe Program** and for a NAvigaTe Transition Coordinator to contact me.

_____ Date: _____
(Client Signature) (YY/MM/DD)



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NAvigaTe Program Client Care Plan

Client Name:		University:	
Health Insurance #:		Family Doctor:	
Date of Plan:		Date of Referral:	

Current Challenge/Need	Goals/Expected Outcomes	Strategies/ Interventions/ Treatments	Assess/Reassess Goals & Strategies	Outcomes
1.				
2.				
3.				
4.				



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Warning Signals	
1.	2.
3.	4.

Setback Prevention Plan	
1.	2.
3.	4.
5.	6.

Emergency Plan	
1.	
2.	
3.	

The following section to be signed by client:

I understand the above Care Plan and agree to the outlined goals/actions	
Client Signature: _____	TC Signature: _____
Copy of Plan given to client: Yes ___ No ___	Date for Review of Plan: _____



NAvigaTe Program: Nurse-Assisted Transition Brief Directed Interview

Limits of confidentiality have been reviewed with client Yes No

Client Information:

Name: Date:
Phone # Cell #
Email: Name of GP and Contact Info:
Confirm how we may leave messages:

Presenting Issue(s): (Brief description, please prioritize issues)

[Empty box for describing presenting issues]

History

History section containing questions: 'New problem?' OR 'Recurring problem?', 'How long has this issue been a problem?', 'Previous mental health treatment?', and a scale for 'Please rate how concerned the client is about the primary presenting issue that brings them to NAvigaTe.' with numbers 1-10 from 'Not concerned at all' to 'Extremely Concerned'.

Domicile:

Domicile section containing questions: 'Current living arrangements? (residence, at home with parents, roommates, partner etc.)' and 'Is this arrangement satisfactory?' with Yes/No options.

Family:

[Empty box for family information]

Level of Functioning:



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Academics/Work: (performance, level of satisfaction, attitude, goals etc.)

Disruption in relationships? Yes No

If Yes, please explain: _____

Significant Losses? (current) Yes No

If Yes, please explain: _____

In the past 2 weeks, have you experienced changes in:

Concentration levels Same Increased Decreased

Sleep Same Increased Decreased

Eating patterns Same Increased Decreased

Exercise/Activity Levels Same Increased Decreased

Any Intrusive thoughts Yes No

Mood: Affect:

Self Acceptance:

Coping Skills: (past & present)

Social Supports:

Have you discussed your problems with anybody else? Yes No

If Yes who? _____

Are others supportive of you at this time? Yes No

If no explain: _____

Are you involved with any other campus or outside groups, sports or activities?

Employment:

Risk Assessment: Conducted? Yes No

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Suicide:	Ideation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Access to means	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Past attempts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Notes:				
Self harm tendencies/ history: (cutting and or high risk activities etc.)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not assessed <input type="checkbox"/>
Notes:				
Potential Harm to others: (self disclosed, includes animals)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not assessed <input type="checkbox"/>
Notes:				

Health:

Current State of Health:				
Has the client ever been hospitalized?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, treatment history:				
Medications:				
Level of Alcohol or drug use (includes nicotine, cannabis, other illicit drugs)				
Abuse History:				
	Emotional	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Physical	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Sexual	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
History of Trauma:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, please explain:				



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Have you applied for OSAP? Yes No

Are you involved in or do you have an expectation of being involved in any legal proceeding, lawsuit or other situation involving the courts? No Yes specify

Client's stated goals for the program at this time:

Transition Coordinator Notes: (Recommendations, Observations, etc.)

Intake Outcome

- Admitted to NAvigaTe Program
- Referred to another resource _____
- Referred to another community resource _____
- Handouts Given: Suggested Workshops:
- Other

Transition Coordinator Notes:

Name (please print): _____

NAvigaTe Program: Nurse-Assisted Transition Re-assessment Form

Level of Functioning:

In the past 2 weeks, have you experienced changes in:

- | | | | |
|--------------------------|-------------------------------|------------------------------------|------------------------------------|
| Concentration levels | Same <input type="checkbox"/> | Increased <input type="checkbox"/> | Decreased <input type="checkbox"/> |
| Sleep | Same <input type="checkbox"/> | Increased <input type="checkbox"/> | Decreased <input type="checkbox"/> |
| Eating patterns | Same <input type="checkbox"/> | Increased <input type="checkbox"/> | Decreased <input type="checkbox"/> |
| Exercise/Activity Levels | Same <input type="checkbox"/> | Increased <input type="checkbox"/> | Decreased <input type="checkbox"/> |
| Any Intrusive thoughts | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Mood:

Affect:

Self-Acceptance:

Coping Skills: (past & present)

Risk Assessment:

Conducted?

Yes

No

- | | | | |
|-----------------|-----------------|------------------------------|-----------------------------|
| Suicide: | Ideation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Plan | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Access to means | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Past attempts | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Notes:

- | | | | |
|---|------------------------------|-----------------------------|---------------------------------------|
| Self harm tendencies/ history:
(cutting and or high risk activities etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not assessed <input type="checkbox"/> |
|---|------------------------------|-----------------------------|---------------------------------------|

Notes:

- | | | | |
|--|------------------------------|-----------------------------|---------------------------------------|
| Potential Harm to others:
(self disclosed, includes animals) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not assessed <input type="checkbox"/> |
|--|------------------------------|-----------------------------|---------------------------------------|

Notes:



Health:

Current State of Health:

Medications:

Level of Alcohol or drug use (includes nicotine, cannabis, other illicit drugs)

Client perception of progression toward goals established at intake:

Transition Coordinator Notes: (Recommendations, Observations etc.)

Intake Outcome

Admitted to NAvigaTe Program

Referred to another resource

Referred to another community resource

Handouts Given:

Suggested Workshops:

Other



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NAvigaTe Program: Discharge Questionnaire

Student Identifier: _____

Based on your participation in the NAvigaTe Program, please indicate the degree to which you agree with the following statements:

1) The NAvigaTe Program has helped me better understand my diagnosis/condition and expected symptoms.

strongly disagree ___ somewhat disagree ___ neutral ___ somewhat agree ___ strongly agree ___

2) I have gained a better understanding of my medication(s) and their possible side effects (if you're not taking medications, please skip this question).

strongly disagree ___ somewhat disagree ___ neutral ___ somewhat agree ___ strongly agree ___

3) I have a better understanding of the benefits of self-care practices (healthy eating, adequate sleep, regular exercise) in supporting my recovery and continuing in my studies?

strongly disagree ___ somewhat disagree ___ neutral ___ somewhat agree ___ strongly agree ___

4) I am better able to set goals and identify my priorities for my recovery and continuing in my studies.

strongly disagree ___ somewhat disagree ___ neutral ___ somewhat agree ___ strongly agree ___

5) I am better able to connect with the on and off campus services that will support my recovery and continued studies in university.

strongly disagree ___ somewhat disagree ___ neutral ___ somewhat agree ___ strongly agree ___

6) My time with the NAvigaTe Program has been sufficient enough to establish the connections I need to support my recovery and continued academic progress.

strongly disagree ___ somewhat disagree ___ neutral ___ somewhat agree ___ strongly agree ___

7) Other comments/feedback about the NAvigaTe Program:



Demographic Questions:

Gender: What is your gender?

- a. Male _____
- b. Female _____
- c. Transgender _____
- d. Prefer not to respond _____
- e. Do not identify _____

Enrolment Status: Thinking about this current academic term, how would you characterize your enrolment?

- a. Full-time _____
- b. Less than full-time _____

Housing: Which of the following best describes where you are living while attending University?

- a. Room in university residence
- b. Apartment in on campus housing
- c. Off-campus accommodation within walking distance of campus
- d. Off-campus accommodation within driving distance of campus
- e. None of the above

Post-Secondary Institution: Please select your university

- a. University of Toronto, St. George Campus
- b. Ryerson University
- c. York University

Age: Age range:

- | | |
|-----------------------|----------|
| a. 16-18 years of age | e. 26-30 |
| b. 19-20 | f. 31-35 |
| c. 21-22 | g. 36-40 |
| d. 23-25 | h. 41+ |



8-Week Post-Discharge Questionnaire

1) Do you feel that the NAvigaTe Program provided you with support and access to resources you may not have had access to otherwise?

Strongly Disagree ___ Disagree ___ Neutral ___ Agree ___ Strongly Agree ___

2) Do you feel that the NAvigaTe Program has helped you to maintain your recovery goals/objectives?

Strongly Disagree ___ Disagree ___ Neutral ___ Agree ___ Strongly Agree ___

3) Do you feel that the NAvigaTe Program has helped you to continue with your post-secondary studies?

Strongly Disagree ___ Disagree ___ Neutral ___ Agree ___ Strongly Agree ___

4) Do you feel that your involvement with the NAvigaTe Program has helped you prevent a re-hospitalization related to the same mental health issue?

Strongly Disagree ___ Disagree ___ Neutral ___ Agree ___ Strongly Agree ___

If you checked Strongly Disagree or Disagree, please explain:

5) Are you still accessing the services on and/or off campus that you were connected with through NAvigaTe?

Strongly Disagree ___ Disagree ___ Neutral ___ Agree ___ Strongly Agree ___

If you checked Strongly Disagree or Disagree, please explain:



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NAvigaTe Program Privacy and Consent Form

Date			
Student Information			
Last Name		First Name	
Middle Name		Title	
Student Number		Date of Birth	

NAvigaTe is a transition support program intended to assist you with your return to university following your recent hospital stay/visit. The NAvigaTe team is comprised of Registered Nurses and a psychiatrist. The intent of NAvigaTe is to provide you with the support of a Mental Health Nurse (Transition Coordinator) for a period of up to three months to help you get connected to both on and off campus mental health and other services according to your needs and the availability of these services. This may include medical, counseling and academic accommodation services.

NAvigaTe will hold information about you in confidence and will share this information only with the others involved in your care. Services you may be involved with might be: [insert appropriate campus services].

We will collect only personal and health information we reasonably need to provide transition support and as is allowed under the authority of the *Personal health Information Protection Act, 2004* (S.O. 2004, c. 3 Sched. A, s. 29) or other privacy legislation that may apply: your name, birth particulars, contact information (addresses, emergency contacts) and academic status (faculty, year of study).

- Your information will not be disclosed to anyone outside those listed above. NAvigaTe very rarely may be required to disclose information to authorities in or outside the university, for example if: there is reason to believe that there is a significant risk of bodily harm to you or to others;
- you reveal apparent, reported, suspected or potential child abuse or neglect;
- you report sexual abuse by a Regulated Health Care Professional;
- The NAvigaTe psychiatrist assesses you to have a medical condition that significantly impairs your ability to operate a motor vehicle.

By signing below, you permit the NAvigaTe team to share your information to work as a team with the above services listed with whom you may be involved so that we can provide you with the most complete assistance we can. You can withdraw your consent if at any time you no longer wish to access the support of the NAvigaTe team.

X _____
Student Signature

Date: _____

X _____
Witness

Date: _____

Implementation Checklist

Have You:

- developed a list of people and organizations who can advise, support and facilitate the design and implementation of the program?** For example:
 - Program Steering/Advisory committee
 - Campus health, mental health, crisis & risk, safety, accessibility, housing/residence resources
 - Community resources – community health and mental health care providers, housing support, other community system navigation programs and supports
 - Local area hospitals that may refer to the program emergency departments, psychiatric inpatient and outpatient units – who to contact within those areas
 - Decide on a lead agency

- designed a care team based on available funds and local staff resources:**
 - Mental health nurse, Family physician, Psychiatrist , Project coordinator, Clinical supervisor
 - Determine reporting lines
 - Hiring timelines
 - Establish local office space

- developed a communication strategy and tools?** For example:
 - Business cards, brochures, posters, one-page descriptors
 - Identify contact/ local champion and develop a schedule for roll-out i.e., campus resources, local hospitals, community mental health centres, crisis centres
 - Process for sending referrals, i.e., confidential fax
 - Develop a schedule of regular follow up with campus and community stakeholders/ champions to maintain relationships

- developed agreed upon rules of conduct/terms of reference?** For example,
 - Memorandum of Understanding if applicable
 - Terms of Reference for the Steering/Advisory Committee to oversee and advise the program team
 - Role description for team members

- considered developing a set of guiding principles or protocols for working with key stakeholders?** For example:
 - Protocols for working with hospitals, to support timely and responsive care
 - Protocols for working with key partners on campus whose work aligns closely with NAvigaTe, i.e., crisis workers, community safety, case managers, counsellors, disability counsellors, etc.
 - Eligibility and discharge criteria
 - Care pathway

- developed documentation tools/systems if sharing resources across multiple PSEs?** For example:
 - Determine who needs access to client records and methods of sharing information in a timely manner, while considering privacy and confidentiality legislation
 - Referral Form, how to share and how to receive
 - Consent Form for sharing information as needed
 - Intake assessment tools, and reassessment tool
 - Plan of Care
 - Client Record

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- **identified goals and objective and actions to be taken to meet those goals and objectives?** For example:
 - What aspects of the program will be evaluated
 - Develop tools and system for evaluation of client experience, stakeholder experience, etc.
 - Steering Committee role in monitoring outcomes, progress and deliverables
 - Identify reporting requirements for funder

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Appendix A: Transition Coordinator 1.0 FTE

Position Number:	----
Position Title:	Mental Health Nurse NAvigaTe Program
Classification:	Registered Nurse
Pay Band:	
Division:	Student Life
Department:	Health and Wellness
Immediate Supervisor:	Executive Director, Health and Wellness

Purpose

This pilot project involves developing a program model to support hospitalized and acutely suicidal post-secondary students to connect to community and post-secondary services for early return and continuation of school.

Before discharge or release from hospital, students are referred to the NAvigaTe Program. Within 24-48 hours, a mental health nurse visits the student at home, residence or while still in hospital if possible to complete an intake to determine the needs of the student and create a care plan. Medical care is provided by the mental health nurse and program psychiatrist. The mental health nurse connects the student (and communicates the necessary information) to community agencies and student services, such as counselling centres, medical centres, student residences, and academic supports. A plan is developed to support the students' return to school. The student is discharged from the NAvigaTe program once he/she is connected to the appropriate community and/or student services.

Qualifications Required

Education:

BScN and/or equivalent of education and relevant experience, and is a member in good standing with the College of Nurses of Ontario.

Experience:

Minimum five (5) years related experience in a community mental health setting, outpatient and/or inpatient mental health unit where the incumbent has performed client intakes/assessments, crisis intervention and brief counselling. Other qualifications include:

- Direct clinical experience in providing mental health and/or addictions services for youth or young adults
- Knowledge of the mental health and addictions service system for youth and young adult
- Solid knowledge of health care related legislation and practices
- Advanced assessment and diagnostic reasoning skills
- Excellent organization and time management skills
- Ability to work independently
- Problem-solving and critical thinking
- Effective interpersonal, communications, and conflict resolution skills

Skills:

Keyboarding skills and working knowledge of relevant software is required (e.g. Microsoft Word, Outlook, Excel, and PowerPoint); Excellent written and verbal communications skills.

Other:

NAVigaTe Program Toolkit

Good judgment and sensitivity, flexibility and resourcefulness. Experience working with post-secondary students and knowledge of university and community mental health resources is an asset.

Duties

Reporting to the Executive Director, Health & Wellness, you will be assigned to the Ryerson University and University of Toronto campuses to work as part of their respective interdisciplinary teams to develop individual care plans and/or strategies to support currently registered U of T and Ryerson University students with mental health and addiction concerns to transition back to university from hospital (inpatient and/or emergency).

Responsibilities will include:

Program Development:

- Working with the Project Coordinator and Steering Committee, the Mental Health Nurse helps to develop the NAVigaTe Program model, including the development of a care pathway, inclusion and exclusion criteria, discharge criteria, treatment plans and goals.

Clinical Practice:

- Assesses referred students and determines eligibility for admission to the NAVigaTe program.
- Liaises with clinical staff at community/referring hospitals to determine the needs of the student and in order to provide effective transition support.
- Develops plans of care for clients with mental health needs to support their transition back to university from hospitalization (inpatient and/or emergency).
- Working with the program psychiatrist, the Mental Health Nurse assists clients with mental health issues to navigate campus and community resources and monitor for changes in mental status as well as side effects of medications if needed.
- Connects the client and communicates the necessary information to community agencies and student services, such as counselling centres, medical centres, student residences, and academic supports.

Education:

- Contributes to outreach and communication strategy by providing informative workshops or presentations about the NAVigaTe program as requested.

Evaluation:

- Working with the Project Coordinator and Steering Committee, the Mental Health Nurse assists in the development of project goals, measurement and evaluation.