

Supplementary Material 3**Navigator Fidelity Checklist****Date of Transfers**

In how many clinics is this participant being transferred?

- 1
 2
 3
 4
 5
 6

Date of Reviews

Date of 3 Month Review _____ (YYYY-MM-DD)

Date of 6 Month Review _____ (YYYY-MM-DD)

Date of 9 Month Review _____ (YYYY-MM-DD)

Date of 12 Month Review _____ (YYYY-MM-DD)

Date of 15 Month Review _____ (YYYY-MM-DD)

Date of 18 Month Review _____ (YYYY-MM-DD)

Date of 21 Month Review _____ (YYYY-MM-DD)

Date of 24 Month Review _____ (YYYY-MM-DD)

Module 1: Preparing for transfer of care

	3 month	6 Month	9 month	12 month	15 month	18 month	21 month	24 month	N/A
Explained the ROLE of the navigation service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed/provided RESOURCES on patient and family-centered care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed psychosocial ASSESSMENTS (HEADSS, SSHADESS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed a comprehensive TRANSITION PLAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitated TRANSFER of medical and psychosocial DATA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped participant prepare succinct COMMUNICATION TOOLS (e.g., medical passport, 3 sentence health summary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assisted with SCHEDULING adult oriented medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisted with ACCESSING RESOURCES/SERVICES within the community and/or adult-oriented health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped participant find a FAMILY DOCTOR or primary care clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Module 2: Promote self-management

	3 month	6 Month	9 month	12 month	15 month	18 month	21 month	24 month	N/A
COACHED self-management skills and identified strategies to promote adherence to medical care plans (e.g., role play, checklists)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directed participant to TOOLS/RESOURCES to support self-management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worked with participant (also caregivers and providers as appropriate) to ADDRESS BARRIERS to adherence with medical care plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MONITORED ADHERENCE to medical care plans by direct report from participant (caregivers and/or providers as appropriate) or indirectly by reviewing medical records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Established PLAN to address medical CRISIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Module 3: Health systems broker

	3 month	6 Month	9 month	12 month	15 month	18 month	21 month	24 month	N/A
Facilitated CONTINUITY OF CARE across adult providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supported ongoing, appropriate ENGAGEMENT with health and mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocated for timely and appropriate ACCESS to primary care and adult services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Module 4: Social determinants of health									
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	3 month	6 Month	9 month	12 month	15 month	18 month	21 month	24 month	N/A
Identified SOCIO-ECONOMIC BARRIERS interfering with participant's adherence to medical care plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped participant find ADDITIONAL RESOURCES/PROGRAMS to address modifiable barriers related to service access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisted with educational, vocational, housing, and/or financial NEEDS for the participant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:
