



A Coordinated Systems Response in St. John's  
for Individuals with Complex Needs

# NAVNET is about asking different questions

- “In most organizations, we are trained to ask, What’s wrong? And How can we fix it? This is a typical response. Instead, we can learn to ask two very different questions: What’s possible here? And Who cares?” .....
- “When we ask Who cares?, we invite in others who are also passionate about an issue. And, when we ask “what’s possible,” it opens up to unprecedented creativity” ....Margaret Wheatley

# What is NAVNET

A Partnership between Eastern Health, the Government and the Community

This team is working together to transform our systems response to those with “complex needs” in St. John’s from a fragmented often band-aid response to a coordinated and responsive model of service delivery

# What we are all about

- Collaboration
- Coordination
- Information Sharing
- Being flexible in our approaches
- Focus on solutions

# NAVNET Membership

**Comprised of Senior Government Representatives from each of the following departments/organizations:**

- Eastern Health (Mental Health and Addictions Program, Community Supports Program)
- Department of Health and Community Services
- Department of Advanced Education and Skills (AES)
- Department of Justice
- Newfoundland and Labrador Housing
- Community Representatives (Stella's Circle, Choices For Youth)

# What is “complexity”

When we discuss being “complex”, we usually refer to individuals who have multiple needs and who are frequent service users.

What we sometimes fail to recognize is that the programs/services and the departments that oversee them are also complex. How so?

# Complex Systems

We make it very difficult for people who need support to find out about us

We tend to be system focused instead of client focused.  
Do we expect individuals to come see us the majority of the time or do we go to where they are to connect?

# Are we aware that we can exclude others?

We have a lot of policies/procedures that establish eligibility. While this is important, it also results in some people being excluded from obtaining the support they need.

We sometimes have beliefs/attitudes about some people and some kinds of behavior that makes us uncomfortable. What impact does this have?



# What service delivery frequently looks and sounds like for some



- “Our hours are 9 to 5 Monday to Friday”
- “We only deal with income support, I can’t help you!”
- “You must have an address to get money from us”
- “Don’t THEY know we don’t provide that service?”
- “I don’t know where you can stay tonight, call back after 5pm”

# Gaps and Barriers in our current systems

- Large silos which make it almost impossible for this group of clients to access services
- Inflexible policies with exclusionary criteria
- Gaps resulting from how policies are implemented on the front line
- Lack of safe and affordable housing in St. John's

# Gaps and Barriers in our current systems

- Gaps experienced by youth moving into adult system
- Lack of clarity about role and mandate of various systems
- Lack of well resourced services: home support, Case Management, Staff Training

# Why NAVNET? Establishing the need

- High levels of recidivism among a small group of individuals with “multiple and complex” needs
- Service responses lacking, inadequate and clients refused services or excluded due to service eligibility requirements
- Significant public expenditure with limited impact

# Who has complex needs?

Individuals who have multiple needs in their lives that results in them obtaining or trying to obtain services from a number of large and complex systems. These systems could include:

Mental Health and Addictions; CYFS, AES, CSP, Justice, Housing, Medical, EI, OAS etc.

# NAVNET Definition of Complex Needs

- Multiple and Complex Issues can include a combination of the following:
  - Persistent and severe mental health issues
  - Addictions
  - Brain Injury (acquired/birth)
  - Developmental Delays
  - Having challenges (including violent) behaviours that place the individuals at high risk to self, service staff, and/or community

# What has NAVNET done

- Researched other jurisdictions to determine what has worked elsewhere  
Held a conference featuring four keynote speakers from Australia
- Completed a Cost Analysis
- Developed and signed an MOU which lead to the sharing of information across systems
- Developed and implemented a new coordinated service model
- Completed a year long evaluation of the initiative



NAVNET is all about less of this and more of.....





# More coordination



# What our service model offers

A coordinated, multi-system approach to service delivery

A process to address system gaps and barriers experienced by NAVNET clients

The ability to share information across NAVNET member systems

An opportunity for support team members to brainstorm, problem solve, work collaboratively and support one another in this work

# Service Model in Action

Since August 2011:

- We have accepted referrals from NAVNET Member Departments/Organizations
- We have brought together multi-system teams for each of the clients
- These teams are made up of front line workers from different department/agencies providing support and services

Service Delivery moves from  
working as independent silos to  
working as multi-system teams



# How are teams working

Teams have allowed NAVNET to offer a multi-system coordinated approach to working with this population

Teams have gone through a process of planning which has included the use of an Assessment Matrix, the development of goals and interventions and the identification of measurable outcomes

# Collaboration



# What does a coordinated model look like?

- Single point entry access service model
- multidisciplinary assessment, support planning and intensive case management
- Team Lead position in all teams
- Client centred and portable services with a focus on relationship building, flexibility, creative approaches and “thinking outside the box”

NAVNET ASSESSMENT MATRIX January 2013	1	2	3	4	5
Survival Skills	Easily draws predators, vulnerable to exploitation ; has been victimized regularly; is frequently in dangerous situations; prefers street to shelter; no insight regarding dangerous behavior (i.e. solicitation of sex/drugs)	Is a loner and lacks "street smarts"; possessions often stolen; may be 'befriended' by predators; lacks social protection; has marked difficulty understanding unsafe behaviours	Has detrimental social network; communicates some fears about people or situations; reports being taken advantage of (i.e. someone gave money to someone for an errand and person never returned or short changed).	Has some survival skills; is occasionally taken advantage of (i.e. friends only present on paydays); needs some assistance in recognizing unsafe behaviours and willing to talk about them.	Strong survival skills; capable of networking and self advocacy; knows where to go and how to get there; needs no prompting regarding safe behaviour.
Basic and Self Care (personal washing, changing clothes, laundry)	Not taking care of self/meeting needs. Requires high levels of support and frequent prompting. May exhibit hoarding tendencies. No insight	Some attention to self-care. Evidence of having some skills but may not see the need to engage in these activities on regular basis.	Makes regular attempts to meet basic and self care needs. May have insight but requires some prompting.	Is usually able to meet basic needs and self care. Hygiene is usually good. Clothes are usually changed. May require reminders once in a while	Is able to take care of all basic and self care needs. No promoting or assistance is required
Living Skills (shopping, cooking, budgeting, cleaning room/apartment)	Has no living skills. Does not know how or will not meet needs. No insight; requires ongoing and frequent assistance	Can meet a few but not all needs of daily living without assistance. Needs prompting and assistance. Is open to receiving assistance/support	Can meet most needs but requires some assistance. Is working with support workers to address these needs.	Able to meet all basic needs of daily living without assistance. Able to use skills to live independently.	Uses wide variety of living skills to live and maintain housing. Is able to meet needs. Has maintained this level of functioning for 12 months.
Housing	Homeless (living on street) or threatened with eviction	In temporary (shelter); substandard housing or staying with friends (couch surfing). Could be evicted	In stable housing that is safe but not affordable (more than 30% of income) Could be evicted (high rent)	Housing is safe; client is receiving some form of subsidy/government top-up to pay rent.	Housing is safe, adequate; has maintained housing for 12 months.
Income	No income (income support or other sources)	On income support; engages in spontaneous or inappropriate spending. Not interested in support	Low income; receptive to receiving support around budgeting etc. May be on re-direct to assist with this.	May be low income but can met basic needs and manage money without assistance.	Income is sufficient, well managed; has discretionary income and is able to save.



# What is good coordination

Different people with various knowledge and skills working together towards a common goal(s)

Each member of a NAVNET Multi-System Team works with front line workers from different departments/organizations to coordinate service provision for NAVNET Clients

# Information Sharing

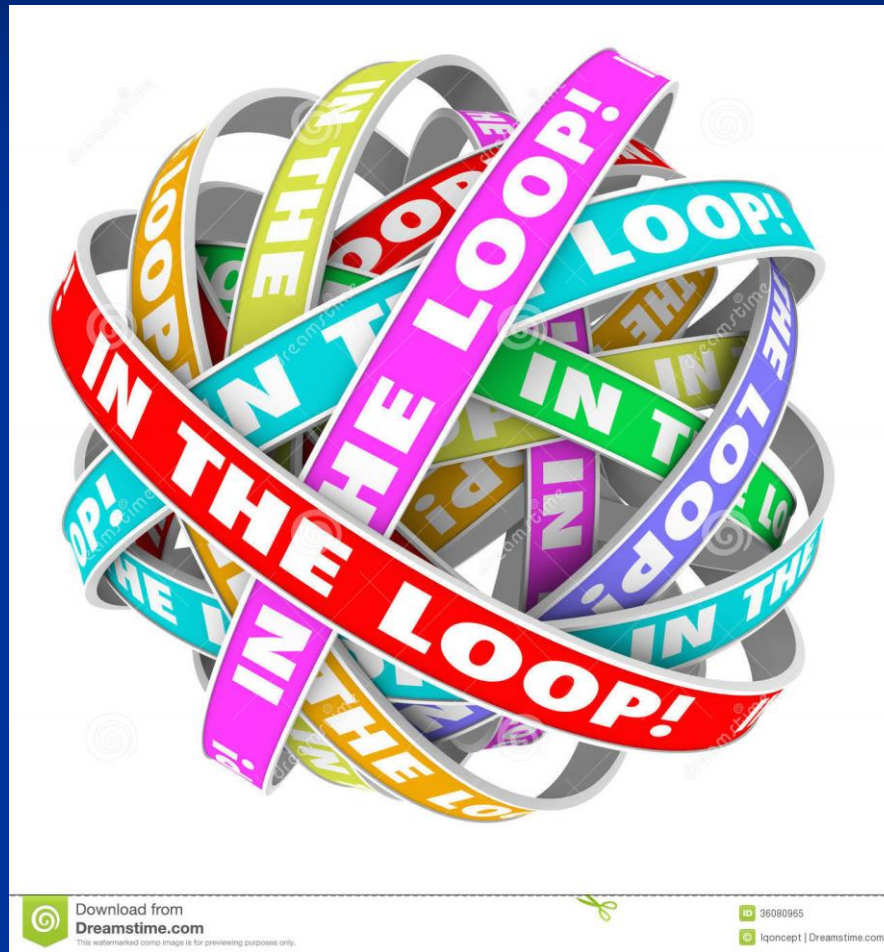


# NAVNET and Information Sharing

A significant barrier is a real or perceived inability on the part of service providers to share information with one another. This happens because of the following:

- Legislation and policies prohibit or restrict sharing
- Lack of clarity around what can be shared, when and with whom
- Issues related to consent

# When you do not share information, we are not:



# How NAVNET address this

Development and implementation of a Memorandum of Understanding (MOU)

This legal document was developed, reviewed and approved by lawyers from all NAVNET member organizations



# NAVNET's MOU

- Client signs NAVNET Consent Form – this is part of the referral process
- Multi-system team members (this is you) sign and have an Oath of Confidentiality stamped by a Commissioner of Oaths



# What can you share?

As long as client signs the NAVNET Consent Form, NAVNET members are legally permitted to share Personal and Personal Health information as well as other relevant information as it pertains to NAVNET Clients, with other members of the team



# Early Indicators

In 2012, NAVNET has been evaluated by the Eastern Health's Applied Health Research Division. Here is some of what they found

Working across systems collaboratively leads to good outcomes for clients and the systems that work with them



# Client Outcomes

Early indicators for clients are showing:

- Clients are maintaining their housing for longer periods of time. There are less moves and reduced evictions
- Client's use of the Psychiatric Assessment Unit at the Waterford Hospital have decreased
- Clients in-patient hospital stays are less frequent and the time they spend in the hospital is shorter
- Rates of involvement with the law and levels of incarceration are lower

# System Outcomes

- Higher levels of service engagement
- Organizations that might have discharged clients are staying involved
- Information sharing has allowed for everyone to be on the same page
- Multi-system teams have increased collaboration, problem solving and creative outside-the-box thinking

# What have other jurisdictions found?

Moving from a fragmented system to a collaborative one has led to:

- More stability in clients maintaining their housing
- Less emergency rooms presentations
- Less frequency in hospital admissions
- Fewer periods of incarceration
- Improvement in system capacity to work with this population
- A more cost efficient response





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