



NorthAble
DISABILITY SERVICES

NorthAble Disability Services

Proposal to Pilot the NorthAble Navigation
Model external to Northland

Prepared by	NorthAble Disability Services
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Executive Summary

This document outlines the proposal by NorthAble Disability Services to undertake a pilot of the NorthAble Navigation model outside of Northland. The purpose of this pilot is to validate the benefits of the Navigation model for the sector, and to establish effective cost benefit metrics with the intent of further rolling the service out across the sector.

The Navigation model has been developed over eight years of investment and innovation by NorthAble. It has proven to be highly effective, and is transferable across service providers and funders. *The feedback from the sector has been unanimous in its support for the NorthAble Navigation Services model and the sector has signalled a strong need for such a model.*

This paper provides a summary of recent presentations and discussions both within the sector, and to the Ministry of Health, and includes the commercial framework proposed to undertake a pilot outside of the NorthAble NASC.

The proposed scope of this pilot includes:

- Undertake a controlled trial of Navigation Services in a region separate from the NorthAble NASC services
- To engage with a selection process via NASCA to select a NASC willing to engage with NorthAble to pilot Navigation Services, and with; the ability to cover all cost associated with Navigation from its DF (discretionary fund), and to provide a FTE to be trained in providing (part-time) Navigation Service Co-ordination. This FTE is most likely to be a current Intensive Case Coordinator or similar.
- To identify and train a Navigation Service Coordinator and inform all NASC staff about Navigation
- To assist the NASC to identify and contract with Navigators on a 'fee for service' basis
- To provide oversight and help-line services
- To monitor the effective usage of Navigation tools
- To collate sufficient evidence to support national roll out to other NASC

NorthAble proposes that an expression of interest process be run through NASCA in order to identify and select a pilot region and pilot NASC. The criteria for the selection will be aimed at ensuring the success and transparency of this project. A condition of the expression of interest will be to ensure that the pilot NASC is in a position to provide a sustainable DF for the purposes of this pilot.

Once Navigation has been established within the target region, the pilot NASC will identify and assign cases to appropriately matched Navigators. This is to be funded through their existing DF facility. The Navigation Services model has been eight years in the making and it is informed by both positive and negative experiences over this period. It is this wealth of

knowledge that underpins the success of the model and, similarly, it is this body of knowledge that drives the requirement for strong training and supervision of the Navigation Services in order to ensure it remains effective and true to the concept.

NorthAble is willing to play a leadership role in the sector for change, and to be accountable for the Pilot, from a service quality and from a learnings and analysis perspective. The pilot has built into it the peer review and oversight activities to ensure the quality of service and the information required to undertake an informed learnings and cost benefit analysis, is provided. The Navigation Service model includes the complete management and quality oversight required of any robust and enduring health service.

NorthAble will be underwriting much of the establishment cost and making its key staff available for both supervision and the reporting and analysis of the pilot. A strong benefit of this proposal is that the sector and the Ministry are not required to fully fund any partially utilised FTEs. In the case of the Navigators, the sector only pays for the time that they spend on a case (fee for service), whilst for the Navigation management, training, and review overheads, NorthAble will only disperse as required and will underwrite the rest of their staff costs for when they are not directly attributable to the pilot.

The roles of the NASC and NorthAble for the duration of the pilot are ;

Pilot NASC

- Provide a person for training as Navigator Co-ordinator. This is typically an existing Intensive Case Coordinator or similar.
- Provide access to a DF for funding the Navigator Case load. These costs are typically:
 - Hourly fee for as used time of the Navigator typically \$40 - \$55/hr.
 - A per case fee, which is a one off fee is dependent on the duration of the engagement required for Navigation. I.e.
 - \$130 for cases less than 13 weeks
 - \$260 for cases 14 – 26 weeks duration, and
 - \$530 for long-term case of 27 to 52 weeks duration

- *In the cost analysis, the individual costs for Navigation ranged from \$1,120 to \$4,300 per client.*
- *The average engagement time between Navigator and client was between 1 and 4 hours per week.*
- *The per annum savings directly attributed to Navigation ranges from \$1,824 to \$7,948 per client. (further background page 7)*

NorthAble

NorthAble proposes to provide the required skills and capacity to support the pilot, utilising its internal capacity on an “as required” secondment basis. This removes the risk and cost of full establishment from the sector, whilst allowing NorthAble to retain tight control on the quality and purity of the Navigation Services.

NorthAble proposes to seek marginal cost recovery from the sector via an incremental fee on a *per case / as used* basis, this fee being funded from the pilot NASC DF fund. Further details will be provided during the selection process for an eligible NASC.

- NorthAble will provide the IT development and support, and maintain the required skills in-house to support the project
- Provide an assigned mentor and provide also; work practice via online, website and Helpdesk support for the Navigators and Navigator Coordinator
- Provide analysis and project performance review
- Quality Monitoring / Assurance services
- Maintain a skills register of Navigators for the NASC to use to match to clients

Further Background

NorthAble developed two booklets with qualitative and quantitative information, graphs and statistics detailing outcomes and savings from navigation. The following are excerpts from both booklets which will be made available as part of an information pack provided to NASC in the second part of this process.

Without exception there has been significant growth for clients in the number of services they engaged with in their community. On average each client engaged with three additional services post Navigation and some up to as many as 10 additional services. The majority of these additional services were other agencies and or community services.

Prior to Navigation, the average engagement score that a client measured for their interactions with other services was between “nil” and “poor”. Following Navigation the average score was between “good” and “excellent”. Some clients demonstrated a shift from a mutually critical and negative engagement with their provider to one where the service was not only meeting goals but regularly reviewing and updating them - 100% negative to 100% positive. On average the shift for each service engaging with clients both before and after Navigation moved from a score between “nil” and “poor” to a score of “good”. The inference from this is that as Navigators work with services on an individual case basis to resolve client issues, service providers are considering the quality initiatives from this and engaging better with their clients as a whole. Evidence demonstrates that the Navigator using targeted goals that are identified by the NASC to address the issues provides more meaningful outcomes for the families instead of pre Navigation where carer support is used that doesn't address the real issues.

There is clear evidence as well that most clients required the services of other funders and community groups to achieve their goals, the down stream effect of this is a reduced need for the NASC.

The successes are not only about meeting core goals and increasing the capacity, resilience and quality of life for the client / families, but success also in building communities that demonstrate understanding and support.

In the cost analysis, the individual costs for Navigation ranged from \$1,120 to \$4,300 per client. The average engagement time between Navigator and client was between 1 and 4 hours per week.

The per annum savings directly attributed to Navigation ranges from \$1,824 to \$7,948 per client. For the most part there are long term benefits for these clients and the NASC regional budgets, where these savings have been maintained year in year out.

Over the past four years Navigation has cost \$17,409 to navigate the six cases used and the savings to date has been calculated as \$58,341. Long term the savings goes way beyond these figures. Three of these individuals no longer requires specialist Behaviour Support Services which is likely to be in the vicinity of \$10,000 per person, the overall savings is approximately \$88,000 PA savings to regional budgets on these six clients alone.

The analysis describes how the NASC has made through Navigation upwards of 500% return on investment in these six cases alone, if this is the sum saved on 6 cases then the total compounded savings made on the 108 clients navigated over the past 8 years has to be a significant figure.

Conclusions

The gathered information does point to a model that has worked well, is cost effective against return on investment, has an immediate positive effect in the client being able to interact well with a wider range of other services with many down stream benefits and a lowered dependency on the NASC and MoH services. It shows a model that clarifies the issues and the course of action required to resolve these, it shows Navigation as a service that exist in its own space that is non threatening to clients, providers and other funding agencies and has proven it can engage positive outcomes with full vested support from each stakeholder within the community.

The Navigation Model

The Navigation model is based on the idea that disabled people and their family and whānau sometimes require the input of a role that facilitates interventions and support around opportunities for self-determination. This role is termed a Navigator.

Navigation is an approach to supporting a person and/or their family and whānau by facilitating self-determination within their local community. Sometimes the support offered doesn't cater to the person/family/whānau. The needs that cannot be met are explored through further investigation of a person's circumstances. This involves the Navigation Coordinator facilitating further narrative with the person, family and whānau to get a full 'personal story' and from this, determining what outcomes Navigation Services could address. A person (and in some cases a person and their family and whānau) is then matched with a Navigator, as identified by the Navigation Coordinator.

Navigation Services determines the goal/s and the outcomes being sought. The Navigator uses a goal centred approach to support a person and/or their family and whānau to work towards these outcomes. The duration of the services available through Navigation Services is consistent with the outcome/s being sought.

Why a Navigator?

- Families have multi-services and professionals involved. There is no clear leadership and coordination of these services. Agencies supporting families need to work more closely together. The support to families is not cohesive or comprehensive and the flow of information between the families and the agencies involved, lacks coordination.
- The person and family are overwhelmed by the vast requirements placed on them, the number of agencies involved, the amount of time and energy required in finding solutions. They do not have the capacity to respond.
- The person and their family and whānau demonstrate a lack of choice and control over their lives.
- There is complexity of issues around diagnosis and disabling effects, who is involved, providers are fragmented and working in isolation, delivering mixed messages to the individual and family.
- Little opportunity for families to sustain themselves as families. Parent relationships are not supported. Siblings are not supported.
- History shows a tendency for services to respond in crisis then withdraw with little or no follow-up after the crisis period. Support is reactive and crisis driven with little evidence of strategies being implemented to avoid or lessen the impact of the situation in the future.

- The person is identified as having needs, goals and aspirations that have not responded to traditional support services. An intervention that has the potential to facilitate self-determination is identified, but cannot be addressed within existing service support function.
- The functioning of the family unit is impacting on the ability of the person to live their preferred life.
- The person and their family and whānau would most likely be more responsive to an individualised, practical and holistic approach to service delivery.
- There is a need for early Navigation intervention to ensure the opportunity for information provision and informed decision making is available at the start of the journey. Discharge planning is often fragmented with blurring of accountability regarding the continuum of service and follow-up for people.
- The person and their family and whānau are rurally isolated with no natural supports and networks.
- There is evidence of informal supports but the person and their family and whānau are unable to effectively identify, and tap into these supports.
- There is little evidence of connection with the community and/or community networks and resources being explored.
- External indicators, such as clinicians, may flag that the family is not keeping appointments, or an out of home placement is being considered.
- There is no long-term vision of how to function or live a life with a person with identified need.

Supporting Navigation: the Information Model

Information plays a number of key roles in the provision of Navigation Services.

Once the Information Systems are fully established the systems will provide;

- The templates, workflows etc. of the Navigators are encapsulated in a “Client Management System”.
- The reporting, review and supervision is facilitated by Information Technology.
- Workforce development services such as training, accreditation and registration, all of which can best be facilitated by Information Systems.
- Integrated workflows and information, e.g. with Socrates, can best be achieved through the investment in Information systems.
- Time sheeting, Billing, AR/AP services.
- Underpinning the Navigation Services determination of the goal/s and the outcomes being sought, is the use of information. The Navigator uses a goal centred approach to support a person and/or their family and whānau to work towards these outcomes.

To achieve this requires the support of good information systems, especially the functions of a Client Management System to record and report on the underlying contacts, activities and results.

As there is no funding yet available to cover the cost associated with an information System in the pilot, NorthAble will undertake to invest in MS Access and use this to capture basic pilot data and to monitor the tools that it will deploy to the pilot NASC to manage the integrity of the model. Long term, it sees a need to have better capturing systems especially if NorthAble is to continue to license its Navigation tools to a wider number of NASC to employ post pilot. This will be the subject of a separate investment discussion with the MoH.

Project Timelines and Milestones

Action	Process	Date
Proposal brief Completed	Received by MoH	27 th March 2014
Funding Confirmation	Internal paper to SMT	31 st March
Formal notification to NASCA by MoH	Phil to Mark	2 nd April
Selection process initiated for Pilot NASC	NorthAble to provide brief of Navigation to NASCA for circulation to all U65 NASC	3 rd March
Interest received from NASC	NorthAble to courier hard copies of the Statistics of Navigation and The Dollars and Sense booklets	24 th April
Questions directly to NorthAble	Noel.Matthews@northable.org.nz Rosalie.Eilering@northable.org.nz	
Formal Notification received from NASC	Letter of Interest received by NASCA	1 st May
Selection process for Pilot NASC	NorthAble / NASCA	8 th May
Setting up of agreement to Pilot	CEO to CEO	9 th May
Develop Information system to capture pilot information, engage with expert advice	Purchase and load MS Access	9 th May
Ready IT systems for NAVCO (Navigation Coordinator) and Navigators to load pilot information	15 user profiles loaded	9 th May
IT Developmental stages, incorporating tools and templates into MS Access	NorthAble Navigation FTE time	30 th May
Service specification and Manual development	To include some redevelopment of current forms	30 th May
Navigation training package completion time	NorthAble FTE time	6 th June
Website development, including Navigation online help line	Attached to NorthAble website	13 th June
Project Management	Admin support, scoping training venue, organise meals, confirm attendances, organise NorthAble travel and accommodation, organise trainers, confirm availability of presentation tools and other resources, report on training outcomes.	20 th June
Pilot NASC Training	3 days onsite, followed up with another 4 days over next 2 weeks	20 th June
Recruit and Train Navigators, load	Pilot NASC to identify potential	27 th June

profiles onto Access IT system	Navigators, NorthAble to assist with recruitment and training	
Engage with clients and match to Navigator	Pilot NASC to instigate referral to Navigation Service based on set criteria, NorthAble to assist with matching process	30 th June
Monthly reports to MoH on pilot progress	NorthAble to provide both qualitative and quantitative reporting	30 th June
NorthAble on-going support	Various engagement from CEO, PA, Quality, Finance	On-going
Business & thought leadership for NorthAble	Consultants	As required
Pilot completion	NorthAble to collate final report for MoH for further consideration and possible new negotiation in regard to further roll out of model to other NASC	29 th May 2015