

Staff Perspectives on the Role of SPNS Navigators

Role or Task	Selected Quote(s)
Client tracking and outreach for the out-of-care	<i>My main job is to go out, locate clients or patients that [were] lost to care and to bring them back into care. I go under the bridge, I go to the park, I check the shelters, I send out letters ...When I find them, I talk to them, introduce myself, let them know...why I'm looking for them. I'm like ... "I'm here to help you in any way that I can." – SPNS Navigator</i>
Identifying needs and barriers, and developing the care plan	<p><i>[T]he acuity [tool] will tell us the severity of the barriers that they are dealing with [in] every aspect of their life, social and medical... – SPNS Navigator</i></p> <p><i>I might think that we need to get medical care, but [clients] might say, "Well no, I just need to get food for the week"...They have an immediate need, a basic need to just survive. They are not focused on a lot more...So the care plan helps us engage them into thinking for the future. If you get... basic needs met then maybe there is a possibility for other things. – SPNS Navigator</i></p>
Supporting client retention in medical care	<i>We get them the bus rides. We get them cabs...and the agency's very responsive to what...we need...to be creative and having them follow through. – SPNS Navigator (Focus Group 1)</i>
Providing emotional support and encouragement	<i>With [the SPNS] program, [patients] are shown that we care about them ... Once they realize that you not gonna let up on them, that's when they start coming around and meeting you halfway. – SPNS Navigator</i>
Addressing stigma	<p><i>Building the relationship and... trust...Some of them say, "Well, I was going... there and nobody seemed to care...They scared to touch me or they don't wanna help me."... I never would have thought some of the things that...happen to the people that has HIV. – SPNS Navigator</i></p> <p><i>So it was [helping him to realize] "you deserve better than this," and his struggle was he felt like he was a burden on society...I'm like "No. You deserve this opportunity. You don't have to limit yourself to substandard living" – SPNS Navigator (Focus Group 1)</i></p>
Coordinating services & educating about the service systems	<i>[As the case manager]I can give a map...a summary that is very clear that these are the steps... the phone numbers...the names of the people you should talk to... [But a] lot of times for these folks it is not [enough]. They need someone to help them...navigate these systems, because there are so many systems...Applying for food stamps...or taking your first trip to the HIV day center... it can be really daunting to navigate the public transportation system or to get to aging and disability services...as well getting to mental health appointments ... A lot of our...SPNS clients don't have ... great organizational skills, so having [a SPNS navigator] being able to model that...makes a really big difference. – Non-SPNS Medical Case Manager</i>

<p>Connecting clients to behavioral health services</p>	<p><i>So, in our [team] conversations...if I say, “Oh, this patient has a substance abuse problem and he needs to go to detox...”and somebody else has a direct connection ...to[name of residential treatment center]... They're a good resource for us to utilize...They go to detox, we'll have a bed available on this date, those type of things. So it's kind of like just a collaboration on a case by case basis. – SPNS Navigator</i></p>
<p>Maintaining regular communication with providers</p>	<p><i>What I like about navigators is they have the flexibility, so I have seen, you know difference also in the workload having navigators because they have the ones who are taken on the hardest -- are the hardest to house and they are at the frontline. So it's very helpful because we have their input...to help... [clients find] housing and to stay housed and to work on their goals...navigators are making a difference in my work here. – Housing Case Manager</i></p> <p><i>The [SPNS navigator] will stop me in the hall and say, “I’m worried about so and so. ..“They didn’t show up for their last appointment.” I was supposed to take them to this appointment.” They didn’t show up. Can we get them in to see you this week?” My schedule, as with the other providers, always has open same-day appointments for that reason. – Behavioral Health Nurse Practitioner</i></p>
<p>Supporting patient self-management</p>	<p><i>So what I do is bring up those labs on the computer, and I teach them what to look for and questions to ask, teach them to keep a journal, if need be, regarding symptoms or any issues or worries that they might have. – SPNS Navigator</i></p>
<p>Identifying, linking, and maintaining housing</p>	
<p>Connecting to emergency housing</p>	<p><i>We try to connect them with beds, emergency beds at shelters. So we’re doing a lot of calling folks with them. Taking them directly to places. Making sure that they know about their appointments here and accompanying them to those. Filling out housing applications with them. – SPNS Navigator</i></p>
<p>Ensuring documentation needed for housing resources</p>	<p><i>[O]nce I make sure they have their IDs, birth certificates, background checks, make sure they have income, employment, if they need that, then they go to...the case manager. She takes them from there and she houses them. – SPNS Navigator</i></p>
<p>Preparing clients to find housing</p>	<p><i>So it’s really hard to find affordable housing. So even if we can get somebody a subsidy, which is hard, we’ve done our best to create partnerships to get specifically SPNS allocated subsidies or vouchers. But they’re really hard to get and people wait for a long time to get them. And so that’s why we sort of get everybody on every waitlist we can and, yeah. It’s sort of what we can do unless somebody magically comes into a subsidy, which is unusual. And then if they do, then we’re looking at apartments and it’s really hard to find a place that will meet the fair market rate and also will take</i></p>

	<p><i>folks with the kind of history that our people have. So like, people who have sexual offender records. People who have evictions on their record. People who have assaults on their record. People who have tons of property debt. It's really hard. So that's part of why we really encourage people to go through our [Housing program] class, because that looks really great to landlords and gives them that guarantee of an extra two grand should the client like, blow out of the apartment. So yeah, it is, it's really hard to place people. – SPNS Navigator</i></p>
<p>Finding affordable housing and building relationships with landlords</p>	<p><i>[Establishing those relationships with landlords is huge] in housing because if a person presents a certain way but if they know that they have that support and they know that you're gonna be there and they know that they can call you when they see a problem, I've had landlords call me and say, "There's a lot of traffic, [name of navigator], over there" and I'll go see and I'll run people off. "Y'all really need to get out of here, this house is not" because our clients don't have that ability and they're using drugs or whatever it is to entice them to be in that space and so a lot of the times my intervention is just that. – SPNS Navigator (Focus Group 1)</i></p>
<p>Supporting client to find appropriate housing</p>	<p><i>I'll go out to see someone in their room, so since the majority of our people are not at a level where they will show, so you go do a home visit and most of our people are also not at a level where they can get to appointments on their own at all. – SPNS Navigator (Focus Group 1)</i></p>
<p>Maintaining and supporting housing</p>	<p><i>Some clients we've housed and to keep them from getting into that place of complacency you started introducing social things, volunteer opportunities, educational opportunities, those kinds of things to keep them motivated and to recapture those dreams and that inspiration to do more. – SPNS Navigator (Focus Group 1)</i></p>