



Arroyo Vista Family Health Center

JOB DESCRIPTION

Position Title: Patient Navigator, Health Homes Program

Summary:

The Patient Navigator will work closely with Managed Care Coordinators, Case Managers, Homeless Street Outreach Team, providers, and local homeless service providers to improve coordination of patient care. The Navigator will assist the HHP team in assessing member touch points, providing appropriate outreach, identifying client needs, and directing them through the appropriate administrative system and patient support services. The Patient Navigator will be engaging with and developing relationships with at risk for and/or homeless individuals with a variety of needs, including but not limited to, chronic health conditions, substance use and abuse, behavioral health issues and other social service referrals and linkages. The Patient Navigator performs community health work and housing navigation services.

DUTIES AND RESPONSIBILITIES:

1. Collaborates with HHP team to assess member touch points, such as local ER departments and hospitals, shelters, and food banks.
2. Collaborates with HHP team to provide appropriate outreach based on touch point assessment and implements outreach strategies for working with and developing relationship with homeless individuals.
3. Conducts street outreach and engages with individuals to inform them of our program and services and encourage participation.
4. Will work with HHP patients to obtain verbal and formal consent to participate in HHP.
5. Conducts conversations with clients/visitors to determine information and service needs.
6. Assists clients from diverse cultural backgrounds in understanding the Health System in terms of access and limits to services.
7. Maintain communication with clients, HHP team, providers and local providers.
8. Serve as a liaison between clients and clinical staff
9. Assist clients with completion of forms, enrollment into HHP, and enrollment into other community based services.
10. Provides a warm hand off to the Street Medicine Team Provider either on the unit or at one of the clinic settings.
11. Maintains and records all outreach activities in the HAP.

12. Assists with clerical duties such as intake and assessment, making appointments.
13. Participates actively in team huddles and meetings with HHP care team.
14. Assists in providing interested individuals access to a variety of community based services, which include and are not limited to transportation, food and housing services.
15. Provide information on HHP services, clinic services, and health awareness.
16. Educate clients regarding available benefits and provide warm hand off to Case Manager.
17. Works closely with the outreach team in greeting/receiving new clients and assisting with the intake process.
18. Conducts face-to-face community outreach.
19. Coordinates patient transportation with Case Manager to needed services, and accompanies patient if needed.
20. Attends general staff meetings.
21. Other relevant tasks as assigned.

REQUIREMENTS:

1. Experience working with clients and staff from diverse socio-economic, ethnic and cultural backgrounds.
2. Ability to establish rapport with clients that expresses concern for their well-being.
3. Ability to follow complex instructions.
4. Ability to communicate effectively.
5. Bilingual (English, Spanish).
6. Ability to travel from site to site.
7. Some evenings and weekends may be required.