



## **Immediate Opportunity for Care Manager/Patient Navigator – Homeless Populations**

Are you looking for a rewarding position that not only offers great benefits but an opportunity to give back to the community? Come join the Parktree Community Health Center Team! Parktree Community Health Center provides comprehensive and integrative medical, dental, and behavioral health services to the local community in the Pomona and Ontario areas.

We are looking for an energetic and professional **Care Manager/Patient Navigator – Homeless Populations** to join our team.

**Job Summary:** The **Care Manager/Patient Navigator – Homeless Populations** is an integral part of the care team. He/she will coordinate care and services among the physical, behavioral, dental, developmental, and social services delivery systems, making it easier for ParkTree patients to get the right care at the right time. The position will spend approximately 70% of time working directly with homeless and/or at-risk for homelessness at the ParkTree health center(s) and 30% time in the community networking and collaborating with local organizations and services caring for the homeless. It is anticipated that this grant-funded position will transition to the Enhanced Care Management (ECM) Lead Care Manager, based on successful delivery of grant deliverables and meeting sustainability goals.

**Pay Range:** \$25.00 to \$30.00 per hour

### **Comprehensive Employee Benefits including:**

- Comprehensive Medical/Dental/Vision benefits for Full-Time employees (employer paid for employee, employer subsidized for dependents)
- Generous Paid holidays, vacation, sick and personal time
- Retirement Plan with employer contribution
- Tuition Assistance
- Continuing Education benefits
- Life and Disability Insurance

### **Responsibilities include:**

- Conduct outreach and enrollment to ParkTree unhoused population to schedule appointments, create linkages and referrals to social services, specialty care and follow-up care.
- Assist patients access integrated care services at ParkTree across the disciplines offered including primary care, dental, behavioral health, podiatry and optometry as needed.
- Provide resources to all patients on needed services including but not limited to: housing (temporary, permanent), transportation, food banks or pantries and clothing programs.



- Increase the numbers of homeless patients who are up to date on immunizations and receive testing for communicable disease by providing health education and referrals to services at ParkTree,
- Assist patients/families with completing applications for insurance, housing, disability, social security and other resources, as needed.
- Create health education campaigns and distribute via text messaging platform and other marketing vehicles to increase knowledge of primary care and emergency room utilization. Create pre and post tests to ascertain knowledge gained.
- Develop and maintain a tracking system for the patients served that includes patient demographics, primary care, dental and behavioral health visits, referrals to outside resources, and emergency room/hospitalizations.
- Create dashboards on aggregate data for patient population.
- Assist in writing reports to grant funder.
- Conduct outreach to homeless individuals in the Pomona area including visits to shelters and areas where the homeless congregate.
- Network with agencies, coalitions and attend local community meetings/gatherings that serve the unhoused population.
- Attend trainings, seminars, webinars on all aspects of the CalAIM ECM.
- Responsible for coordinating and implementing organization-wide Enhanced Care Management (ECM) services, including but not limited to: patient eligibility, restrictions and enrollment, roles and responsibilities of the ECM care team including that of the managed care plans (MCP), identification and achievement of care plan goals and objectives with the member, ECM referral form and submission process, strategies for outreach and enrollment in ECM, and ECM claims submission.
- Assists with completion and submission of ECM provider applications to health plans.
- Completes special projects and other duties as assigned
- Completes all mandatory trainings and safety drills.

**Qualifications:**

- Bachelor's degree, or higher, in health or social service related field
- 2 years' experience working with at-risk and complex patients; experience in homeless services preferred
- 2 years' experience in providing case management to low income populations or related experience, preferred
- Experience in Enhanced Care Management (ECM) services, preferred
- Excellent customer service, leadership and motivational skills
- Ability to establish and maintain effective working relationships
- Provides patient care in a culturally competent manner
- Treats all individuals with dignity and respect
- Ability to work with diverse populations
- Ability to maintain patient confidentiality and adhere to HIPAA regulations
- Knowledge of Electronic Health Record System, preferred; Basic computer skills



- Must be able to accurately document in a patient's medical record
- Must demonstrate strict attention to detail
- Ability to manage competing priorities and tasks to meet necessary deadlines
- Ability to analyze and use data for problem solving, respond quickly to a changing environment, and work independently and/or in a team collaborative setting
- Flexibility with schedule, including working Saturdays and evenings when needed
- Must be cooperative, punctual, dependable, and be receptive to new ideas
- Bilingual, oral and written (English/Spanish), Required
- Must possess a valid and unrestricted California driver's license and auto insurance
- Ability to commute between organizational sites and to other community sites

**To apply please submit your resume through [www.Indeed.com](http://www.Indeed.com).**