

# **Community Rebuilders**

An Equal Opportunity Employer

# **Health Care Navigator Job Description Full Time Non-Exempt**

## Summary

The Health Care Navigator, under the supervision of the Program Manager, is responsible for providing Strength Based services that include connecting Veterans to VA health care benefits or community health care services where Veterans are not eligible for VA care. This role works with Veterans to provide case management and care coordination, health education, interdisciplinary collaboration, coordination, consultation, and administrative duties. The Health Care Navigator works closely with the Veteran's primary care provider and members of the Veteran's assigned interdisciplinary treatment team. The Health Care Navigator has regular interactions with their Program Manager to ensure effective service delivery complying with contract and agency requirements. This role promotes the agency's mission and philosophy through upholding established guidelines, policies and procedures.

#### **Essential Functions**

- Act as a liaison between the agency and the VA or community medical clinics
- Provide timely, appropriate, and Veteran centered care
- Works collaboratively with the Veteran to identify and address system challenges for enhanced care coordination
- Conducts non clinical, strengths based assessments in partnership with the Veteran
- Works closely with Veterans to develop personal health-related goals
- Identifies appropriate and credible resources and support tailored to the needs and desires of the Veteran
- Conducts community service, outreach, and referrals
- Regularly reviews strengths based plans and goals with the Veteran
- Evaluates the effectiveness of resources and the referrals provided and makes appropriate modifications to ensure the provision of high-quality care and interventions
- Proactively supports the Veteran to optimize treatment interventions and outcomes
- Directs activities to maximize the effectiveness, efficiency, and continuity of care for Veterans
- Identifies and develop natural supports, linking to voluntary supportive services which include, but are not limited to, housing, financial benefits, and transportation
- Identify Veteran's strengths and engage in problem-solving to identify creative strategies to enhance access to care
- Provide education on available options for managing health and wellness
- Assist in developing policy, procedures, and practice guidelines related to the specialty program using knowledge gained from research or best practices
- Develop relationships with community leaders, VA staff, and other referral networks
- Adheres to ethical principles about confidentiality, informed consent, compliance with relevant laws, and agency policies

- Maintain participant case files confidentially and in compliance with contract and agency requirements
- Collect and report program data; input data into Homeless Management Information System (HMIS) and the G.R.A.C.E. Network
- Facilitate supportive service activities for participants that promote achievement of goals and objectives, utilizing the strength-based housing plan
- Provide advocacy for participants; support, problem resolution, and identify resources
- Offer support and solutions for grievances brought by participants; Partner with Project Lead and/or Program Manager
- Utilize Program Manager as a resource when working with challenging situations
- Responsible for quality of services provided
- Participate in staff meetings and trainings
- Facilitate group events, trainings and consulting
- Remain up-to-date on grant guidelines, renewals and standards to ensure timely implementation of changes
- Participate in on-call rotation as needed
- Other duties as assigned

#### Competencies

- Organizational Skills
- Communication
- Staff/Client Focus
- Discretion
- Detail Oriented
- Providing Motivational Support
- Foster Teamwork
- Knowledge of and competency in health care case management

### Required Qualifications & Experience

- Bachelor's degree in related field or 3 years of related experience in health care or social services area of practice
- Ability to interact with people of a diverse background
- Ability to work independently and as part of a team
- Strong communication skills both written and verbal
- Strong organizational skills and attention to detail
- Proficient in Microsoft Suite applications
- Valid Driver's License

#### **Preferred Qualifications & Experience**

Master's degree in social work or equivalent education and experience is preferred

- Knowledge of Housing First strategies and philosophy
- Experience working with HUD programs or grants
- Experience in non-profit organization
- Veterans encouraged to apply

#### **Work Environment**

The Health Care Navigator primarily works in a professional office environment. This role routinely uses standard office equipment such as computers, phones, copy machine, file cabinets and printers. May be required to travel to community events, housing inspections, off-site trainings or other events as assigned.

While performing the duties of this job the employee is regularly required to talk, hear, sit, stand, walk, use hands & fingers, reach and lift up to 25lbs unassisted.