

POSITION DESCRIPTION

Title: Patient Navigator

Status: Regular, Full-time; Grant Funded

Position in Tribal Organization: The Patient Navigator works with the MAT Team and medical/health care providers (primary care physicians, nursing staff, mental health workers). The Patient Navigator reports to the Nurse Practitioner managing Medication Assisted Treatment (MAT) Program.

Role: The Patient Navigator provides field-based case management services to clients receiving MAT Services. This person is the main point of contact for clients. The Patient Navigator builds strong relationships with SUD/ODU clients in order to help clients stay engaged in care, including recovery, and adherence to their medications. Patient Navigators are committed to removing the client's barriers to care by identifying critical resources for clients, helping them navigate services and systems, and promoting client mental and physical health. They track and facilitate the clients' progress including contingency management. They work closely with MAT provider, mental health, clinical and various service providers to support positive client health outcomes.

Duties:

Field-based direct care to clients with OUD/SUD:

1. Establishes close relationships with and serves as primary point of contact for clients
2. Visits clients' homes on a regular basis
3. Accompany clients to medical appointments, when required
4. Deliver in-home weekly or monthly health education and promote OUD/SUD self-management to clients
5. Communicate with MAT Team members (MAT Supervisor, Project Director, Mental Health Providers, Primary Care Physicians and other health care providers) to facilitate client care
6. Observe, report, and assess client self-administration of medication
7. Identify resources for clients to overcome barriers to care, such as transportation, housing, and childcare arrangements
8. Remain aware of current services offered by service providers, such as mental health, housing, and employment assistance
9. Maintain strict confidentiality in accordance with agency policies
10. May meet with clients after primary care physician appointments to review and update care plan with the MAT Adviser

Organizational duties:

1. Meet with Care Team (including, but not limited to, Project Director, Wabanaki Public Health (WPH), Vocational Rehab, primary care and mental health providers) to discuss client care issues and needs and facilitate client health care
2. Maintain documentation of all client encounters and complete reporting requirements according to organization standards

3. Track client information including contingency management, tracking milestones, schedules, files, and forms in a confidential manner
4. Track client attendance at mental health and medical appointments and patient navigation sessions and initiate outreach and missed appointment procedures, as necessary
5. Attend and represent the organization at professional conferences, in-service trainings, and meetings at the request of or with the approval of supervisor.

Required Qualifications:

Personal characteristics and skills:

1. Commitment to the mission of care coordination
2. Passionate, trustworthy, and empathetic when working with clients
3. Ability to build relationships with different types of people, including clients, organization members, and health care provider
4. Good communication and interpersonal skills and ability
5. Organized with confidential client material and appointment tracking
6. Flexible and adaptable in response to changing client and health and mental health care provider's needs
7. Interest in working with OUD/SUD clients

Education and experience:

1. Minimum high school degree or some college education
2. Strong understanding of cultural competency with the target population
3. Computer literacy desirable
4. Exposure to issues of death and dying

Physical requirements:

1. Physical demands associated with office work
2. Extensive local travel
3. Some evening and weekend work required