

# Community Navigator-Thrive Initiative

## Job Description

<b>Department</b>	<b>Health Services</b>
<b>Reports to</b>	<b>PH Administrator</b>
<b>Warren County Pay Grade</b>	<b>15/1</b>
<b>Starting Pay</b>	<b>\$29.75 hr.</b>
<b>Benefits</b>	<b>Health Insurance, Dental Insurance, Vision Insurance, IPERS</b>
<b>FLSA Status</b>	<b>Non-Exempt</b>
<b>Approved by</b>	<b>Warren County BOH, Warren County BOS</b>

### Position Summary

This is a full-time grant funded position to provide navigation services for the Thrive Iowa Initiative on behalf of the Warren County Health Services public health department. The Community Health Navigator will conduct service coordination and education initiatives surrounding and linking individuals with appropriate and available resources that empower individuals within the community to achieve optimal health outcomes by addressing barriers to care, improving health literacy, and connecting individuals to appropriate healthcare and social support services. The Navigator will be responsible for assigning partners to each participant's care team to coordinate services, making closed-looped referrals and assisting participants with completing applications and completing action steps related to the participant's goals. The position is responsible for establishing and cultivating relationships with members of the community and providers of area agencies with the goal of connecting residents to treatment and other support services.

This position may occasionally be required to work flexible hours to meet the needs of working families. The Community Health Navigator will function as part of a team which reports to the director of the public health department.

### Essential Functions

- The Navigator must uphold a case load range of 50-75 families. Navigators are expected to reach capacity within the first six months after hiring.
- Navigators are anticipated to serve 100-120 families per year.

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- Navigators are expected to provide participant assessments using a standardized needs assessment in thirteen areas of the Social Determinants of Health.
- Navigators are responsible for completing and responding to referrals and conducting intakes within required guidelines.
- The Navigator shall complete comprehensive assessments, obtain consents, and provide all required enrollment information and provide ongoing follow-up assessments.
- Navigators are responsible for assisting participants with completing applications and making referrals to partners who can assist with completing applications.
- Navigators are responsible for assigning partners to each participant's care team to coordinator services.
- The Navigator shall record all contact attempts, identified needs, and other relevant details in the HopeHub message board and case notes.
- The Navigator shall Develop action plans and make referrals based on each family's specific needs.
- The Navigator shall Maintain regular communication with both families and providers while ensuring compliance with HIPAA, FERPA, and COPPA standards.
- The Navigator Shall Support families in overcoming obstacles to accessing community resources.
- The Navigator shall attend all alliance meetings, one-on-one meetings with the coordinator, and monthly Primary Provider meetings.
- The Navigator shall participate in additional meetings (e.g., Court, Team Decision Making, CPS Staffing) as needed to support families.
- The Navigator shall apply relevant techniques from Motivational Interviewing training in practice.
- The Navigator shall complete all required trainings Requirements including the Primary Provider HopeHub LMS training, Case Management training, Mandatory Reporting Training, HIPAA Training, and Child Welfare Training.
- The Navigator shall participate in both shadowing and being shadowed for training purposes.
- The Navigator shall routinely review case data for accuracy and consistency.
- The Navigator shall Uphold ethical practices as outlined in standards.
- Advocate for individuals and families.
- Promote organization and community collaboration.
- Conduct oneself in a manner consistent with the professional standards of Warren County and in compliance with the Restore Hope model.

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- Other job duties as assigned.

### Preferred Education, Skills and Experience

Bachelor's degree and at least 1 year work experience in social services or relevant field of study (additional work experience may be considered in lieu of a degree).

Preferred experience in outreach activities for a community health or social service agency; or any equivalent combination of training or experience which provides the following knowledge, abilities, and skills:

- Knowledge of Warren County service area social service network, community, behavioral and public health programs
- Ability to interact with diverse populations
- Ability to facilitate group outreach.
- Ability to express oneself verbally and in writing
- Ability to maintain records, utilize a database, and assist in preparation of reports
- Ability to establish relationships and work effectively with various community groups, institutions, and agencies.
- Ability to advocate for clients and assist them to gain access to services.
- Ability to maintain confidentiality of client information.
- Proficient with Microsoft Office
- Bi-lingual / Bi-cultural in Spanish, preferred.

### Physical Demands and Work Environment:

The physical demands and work environment characteristics described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

*Physical demands:* While performing the duties of this job, the employee is required to sit and/or stand for long periods of time. Must have the ability to lift, pull, push, and/or move up to 15 pounds.

*Work environment:* The noise level in the work environment is minimal to moderate.