GUIDE

Options for Hiring Navigators in the Emergency Department

Navigators play an important role in the CA Bridge model by connecting patients in the emergency department (ED) with substance use disorders (SUDs) and co-occurring mental health conditions to follow-up care. Currently, most navigators are hired as hospital employees; however, some hospitals have chosen to work with a partner organization to hire their navigators for several reasons, including:

- **Increasing patient care coordination.** If the navigator works for a treatment provider that receives a large volume of referrals from the ED, it can facilitate a smooth transition to outpatient care.
- **Hiring more easily and efficiently.** Some hospitals have hiring freezes or complicated hiring processes and have found it easier to hire through a staffing agency or other partner.
- **Improving billing opportunities.** The state's community health worker (CHW) benefit is an opportunity to bill Medi-Cal for the services of a navigator. However, hospitals are paid a bundled facility fee for ED visits, and it may not be possible to bill for the individual services of a hospital employee. Hiring the navigator through a partner entity may enable claiming through the CHW benefit.
- **Expanding navigator expertise**. A navigator hired through a partner organization may bring expertise in harm reduction, SUD treatment, or other aspects of working with people who use drugs that are not commonly found in the ED.

This document provides an overview of four alternate employers for navigators based in hospital EDs:

1. County Behavioral Health
2. Federally Qualified Health Center (FQHC)
3. Staffing Agency
4. Community-Based Organization (CBO)

COUNTY BEHAVIORAL HEALTH

El Centro Regional Medical Center and Imperial County Behavioral Health

At El Centro Regional Medical Center, the navigator was hired as a county behavioral health employee. The hospital funded 50 percent of the navigator, who split their time – four hours each day – between their hospital responsibilities and their county behavioral health work. At the hospital, the navigator had access to the electronic health record (EHR) and could see patients referred to them for services on the dashboard. Once the patient was ready for discharge, the navigator prescreened and set up appointments for SUD patients at county treatment sites. The county has a car available to transport patients to appointments.

Under this arrangement, the navigator was integrated into the hospital structure through the standard onboarding process, like any hospital employee. They received training and background checks to access the EHR, and were able to leave notes about patients in the nursing section of the EHR to coordinate with the other members of the care team. While in the ED, the hospital's nursing director supervised the navigator; however, the navigator's county supervisor had final authority over the navigator's activities and workload.

Advantages

- The navigator's knowledge of the county behavioral health system and its scheduling process improved their effectiveness in making referrals and connecting patients to county resources, which include free transportation.

- Counties have the option of claiming for navigator services through the Peer Support Services benefit, provided the navigator has the appropriate qualifications and duties.

Challenges

- Since the navigator was a county employee, they could be pulled away from their hospital navigator responsibilities to fulfill county duties.

FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Example 1: Kaiser Permanente Sunset and Wesley Health Centers

The Kaiser Permanente Sunset Hospital in Los Angeles contracts with the JWCH Institute Inc., a private non-profit health agency that runs Wesley Health Centers, which are FQHCs, to hire and embed navigators inside the Kaiser Permanente ED. Navigators refer patients with Kaiser Permanente health insurance directly to Kaiser Addiction Medicine services. Navigators refer non-Kaiser members (uninsured or Medi-Cal) to the nearby Wesley clinic. Navigators can provide patients with an Uber to get to the clinic, which is just six blocks away, and can typically help patients access care within 24 hours.

The onboarding for navigators is extensive since they go through processes at both Wesley and Kaiser. Navigators have Kaiser badges and access to the EHRs at both Kaiser and Wesley. They have a workstation and a setup in the triage area of the ED where the Behavioral Health Nurse sits but also see urgent care and inpatient clients. Navigators also participate in monthly case meetings with the team at the hospital. At Wesley, navigators report to the Chief Operating Officer. At Kaiser, navigators work with the social medicine and case management departments.

Example 2: Sutter Health, La Clinica de la Raza, and Communicare

Sutter contracts with two FQHCs to hire navigators. One navigator is based full-time in the hospital, while the other splits their time between the hospital and the clinic. The latter arrangement allows the navigator to follow patients seen in the ED into the outpatient setting, as the FQHC is the primary outpatient provider for patients coming from the ED.

Because the FQHCs were already covered entities with Sutter Health, they were able to have full access to the EHR without a business associate agreement. However, they had to be given an employee classification that allowed for full EHR access. Day to day supervision is provided by the hospital social work supervisor. Sutter staff will turn to the navigator's supervisor at the FQHC if there are any issues with performance, data submission, or schedule changes. Typically, joint meetings are held to resolve any problems. The supervisor at the FQHC also provides one hour per week of clinical supervision.

Advantages

- The navigator is familiar with the staff and services provided by the FQHC, enabling them to make a more effective warm handoff and to better coordinate care should the patient return to the ED.
- In cases where the navigator actually works in both the ED and clinic, they are able to directly schedule patients into their own schedule and have a continuous relationship across both settings.
- Some FQHCs are also serving as providers of Enhanced Case Management (ECM) under CalAIM. Patients with SUD qualify for the ECM benefit, and the navigator can be part of the care planning team, which creates a source of revenue for the position.
- FQHCs may be more incentivized to sustain the navigator because the navigator brings patients into the health center, which then generates billable visits. The revenue from acquiring new patients and claiming for outpatient visits and/or ECM may justify sustaining the navigator's position, even if the navigator's services are not themselves billable.

Challenges

- Supervision is more complicated when there are more people involved, which sometimes necessitates more meetings and time. The hospital loses the ability to address issues directly.
- Salaries and benefits vary between FQHCs, hospitals, and staffing groups. This can become an issue if a hospital has multiple navigators hired through different mechanisms who are doing the same job but are differently compensated.

STAFFING AGENCY

Example 1: Sutter Health and Right Source Healthcare Staffing

Eighty percent of the navigators at Sutter hospitals are contracted through Right Source Healthcare Staffing. Sutter contracts with Right Source to hire non-clinical staff, often on a temporary basis. Navigators are recruited and selected by the local Sutter hospital and then submitted to Right Source to complete the hiring process.
Like all navigators at Sutter, those hired by Right Source check the patient board and go on rounds with care teams. Initially, navigators were based only in the ED, but after seeing the value that they provide to patient care, they gained access to all hospital floors in January 2021. Providers, case managers, care coordinators, and nurses can all consult navigators in the EHR via electronic referral.

Once hired by Right Source, the navigator onboarding process is about three weeks long. As part of that process, the navigators work with Sutter Health's Human Resources department to receive a hospital badge and access to the EHR. They receive training on the EHR, how to document patient interactions, and their overall role as a navigator.

Supervision for navigators varies by hospital, but they are generally overseen by a staff member from case management, care coordination, or social work. One social worker might oversee navigators across several hospitals. These social workers ensure that navigators are integrated into care teams, and they teach them how to use templates in the hospital EHR to submit data.

Example 2: Vituity

Vituity is a medical staffing group that hires the ED providers at multiple hospitals in California. Vituity hires navigators at hospitals where they also staff the ED and at some hospitals where they do not staff the ED. In some cases, hospitals designated Vituity as the applicant for funding from CA Bridge or the Behavioral Health Pilot Project; in other cases, the hospital applied and then contracted with Vituity after receiving the funds.

With Vituity, the navigator is hired and receives two weeks of training before going into the hospital. Vituity has created a tailored model to provide education to new hires and has a network of existing navigators who serve as mentors. They can send a navigator mentor to another site to help a new navigator train and troubleshoot any issues. They also keep metrics on navigator outcomes that demonstrate the efficacy of the navigator role, such as number of patients seen, and number of patients linked to treatment.

Navigators are supervised by the manager of social work, who also ensures the navigators have hospital email addresses, login credentials, and badges. In these cases, the navigators report directly to the manager of social work. Navigators also work closely with a clinical champion for medication for addiction treatment (MAT), who, in many cases, is also a Vituity employee.

Advantages

- Staffing agencies offer the benefit of quickly hiring from a larger pool of candidates than hospitals may have if they are only recruiting for the position from their own network.
- Hiring through a staffing agency can circumvent hospital hiring freezes or restrictions on hiring positions that do not have a permanent funding source.

- Vituity provides a template for physicians to bill for MAT induction in the ED, which can generate revenue to sustain the navigators.
- Staffing agencies should be able to bill for navigator services under the CHW benefit, which is another source of revenue to sustain the positions.

Challenges

- Navigators hired through Right Source are hired on a temporary basis. Navigators have stated that they would prefer a permanent position, which has led to greater challenges with retention. It is important to consider the negative impact that unstable employment may have on a navigator's well-being.
- Being an employee of Vituity can lead to some duplication. Navigators need to submit for time off both through Vituity and through the hospital system. They also undergo compliance training through both systems. These can be burdensome, but the benefits of the additional navigator training and support outweigh these potential burdens.

COMMUNITY BASED ORGANIZATION (CBO)

Example 1: Highland Hospital and the HIV Education and Prevention Project of Alameda County (HEPPAC)

HEPPAC is a community-based harm reduction organization that provides harm reduction services in Alameda County and Contra Costa County. They serve people who are at increased risk for HIV, hepatitis C and other infectious diseases.

Highland Hospital in Alameda County contracts with HEPPAC to hire navigators to work in the hospital's ED. There are four navigators that split their time between navigator duties in the hospital and HEPPAC duties, such as working on the needle exchange street program. Between the four workers, the hospital has 40 hours of patient navigation each week. Navigators have access to the hospital EHR through a business associate agreement with HEPPAC, which is a relatively simple process with support from hospital leadership.

Navigators refer patients to the Highland Hospital Bridge Clinic for MAT continuation. Since they work in both locations, the rapport they've built with patients in the hospital is carried over to the clinic, and the navigators are often the first person the patient sees when they go to their appointment. Navigators can also refer patients to HEPPAC resources as needed.

Example 2: Sutter Lakeside and Lakeside Family Resource Center (LFRC)

LFRC provides counseling as well as other social support services in areas such as housing, domestic violence, rape crisis, teen services, and early Head Start. Sutter Lakeside Hospital in Lake County contracts with LFRC to hire a navigator to work in the hospital's ED. Because LFRC has licensed social workers and a training program, they are well-positioned to recruit licensed providers to serve as navigators.

The navigator works full-time in the ED and has full access to the EHR through a business associate agreement between Sutter and LFRC. LFRC does not provide ongoing MAT; the navigator refers patients to one of several outpatient or residential options in the area. Because the navigator is a licensed clinical social worker, he has been easily integrated into a dual role working with patients with mental health conditions as well as SUD. Daily supervision is provided by the hospital social work department but the navigator reports his time to LFRC.

Advantages

- Working through a CBO allowed hospitals to hire individuals with knowledge and skills essential to serving patients who use drugs but not commonly found among ED staff. In the case of HEPPAC, this was individuals with lived experience and a deep understanding of harm reduction. In the case of LFRC, it was a social worker with expertise in domestic violence, housing, and other social services.

- CBOs generally have close ties to the community; harm reduction programs were founded by people who use drugs. Bringing staff from these organizations into the hospital creates a stronger voice for patients and elevates the importance of non-medical aspects of care. Having CBO staff in the ED can reduce stigma and advance a change in culture around SUD.
- Similar to navigators who are hired by FQHCs that offer MAT, navigators hired through CBOs can more seamlessly connect patients with services provided at their agencies.
- Many CBOs have strong fundraising capacity, providing them with opportunities to sustain navigators through grants that hospitals may not have.
- Like many FQHCs, CBOs such as LFRC, are serving as ECM providers and, therefore, may be able to include navigators on the care team and cover their salary with the reimbursement.

Challenges

- Although CBOs are technically allowed to bill for CHW services under the Medi-Cal benefit, the steps required to become a Medi-Cal provider and submit claims may be too unfamiliar and labor-intensive for most CBOs.
- While bringing a person from a non-medical culture into the ED can more rapidly advance culture change, it also brings the potential for culture clash. Navigators need to be able to straddle both worlds, which is itself a challenge.
- As with any arrangement where the navigator is not a hospital employee, hiring through a CBO brings another organization and supervisory structure into the process, which can complicate coordination of the navigator with existing behavioral health staff in the ED.

SUMMARY

As we look to the future, it is essential that hospitals explore multiple avenues for sustaining the navigator position that is so critical to an effective ED MAT program. CA Bridge encourages all hospitals to incorporate the navigator into the ED budget as a permanent position that is not dependent on grant funds; some hospitals may be able to offset the cost of the position through billing revenue. CA Bridge recommends exploring the hiring options described in this document as possible collaborations that may open new paths to sustainability.