

Piloting the Care Navigator Role to Minimize Barriers and Improve Access to Services

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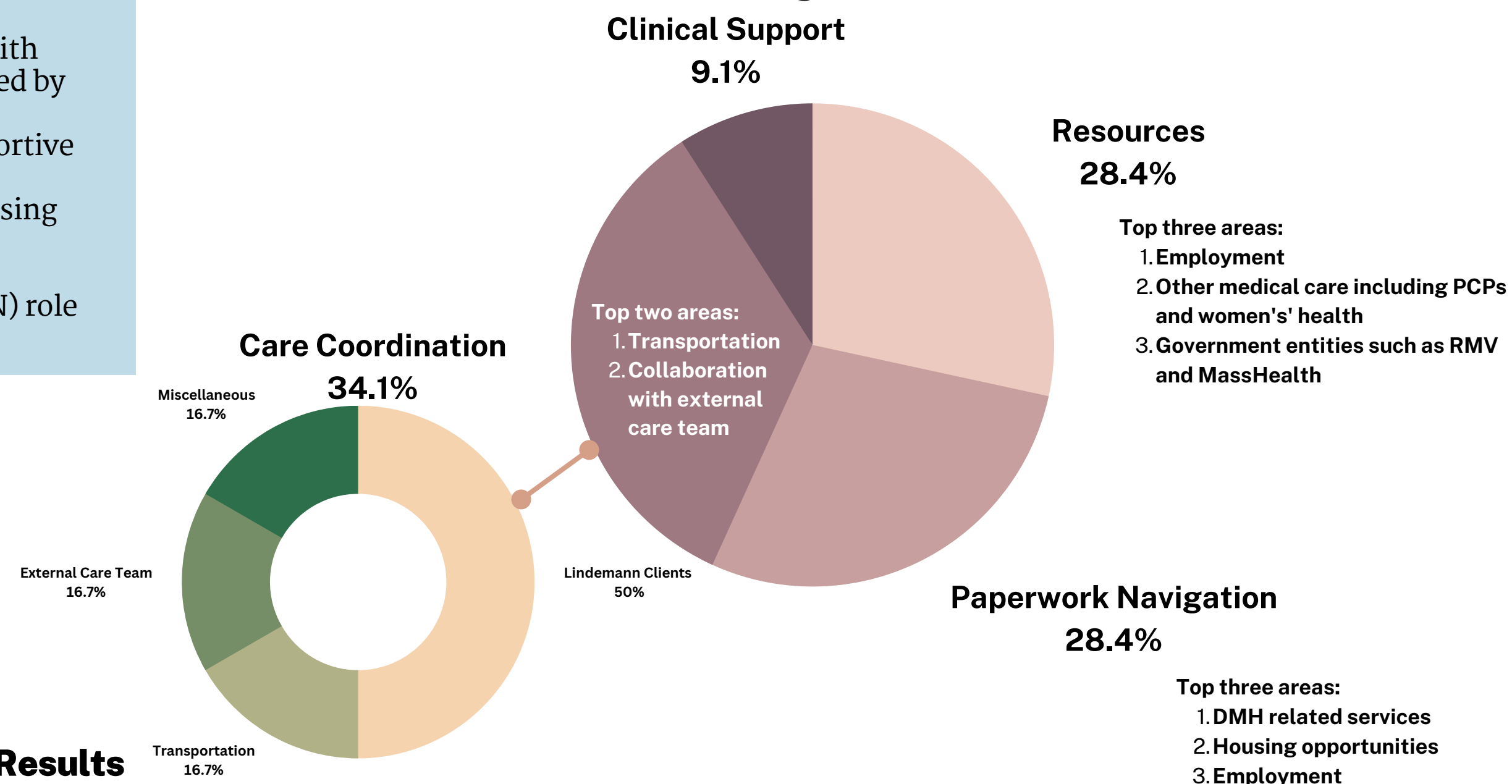
Background

- Individuals living with Serious Mental Illness (SMI) experience significant barriers with access to services and resources shown to be essential for recovery, often compounded by intersecting factors such as housing status, race and disability
- This has created greater disparities in opportunities for housing, employment, supportive services and community engagement (Solaru, 2023)
- Although case management and supportive services exist to fill systemic gaps, accessing these services can be a lengthy process involving paperwork, referrals and access to resources individuals may not have
- To address these barriers, the Freedom Trail Clinic (FTC) piloted a Care Navigator (CN) role with support from a Community Mental Health Center (CMHC) grant

Methods

- The CN role was implemented to function at the intersection of the individual and larger macrosystem, with the primary focus of reducing barriers through flexible clinical and case management support
- The CN supports clients in exploring available opportunities that align with their personal and life goals, while also acting as a liaison between the clinicians, shelter staff, and community supports to facilitate care
- CN services are available to all FTC clients (no referral required) by appointment or during weekly "drop in" hours and can be accessed via telehealth or in person
- To increase engagement and strengthen relationship with staff and unhoused residents of the Lindemann Inn (DMH Transitional Shelter), the CN offers weekly open groups and morning rounds to support with care coordination

Utilization of Care Navigator Services

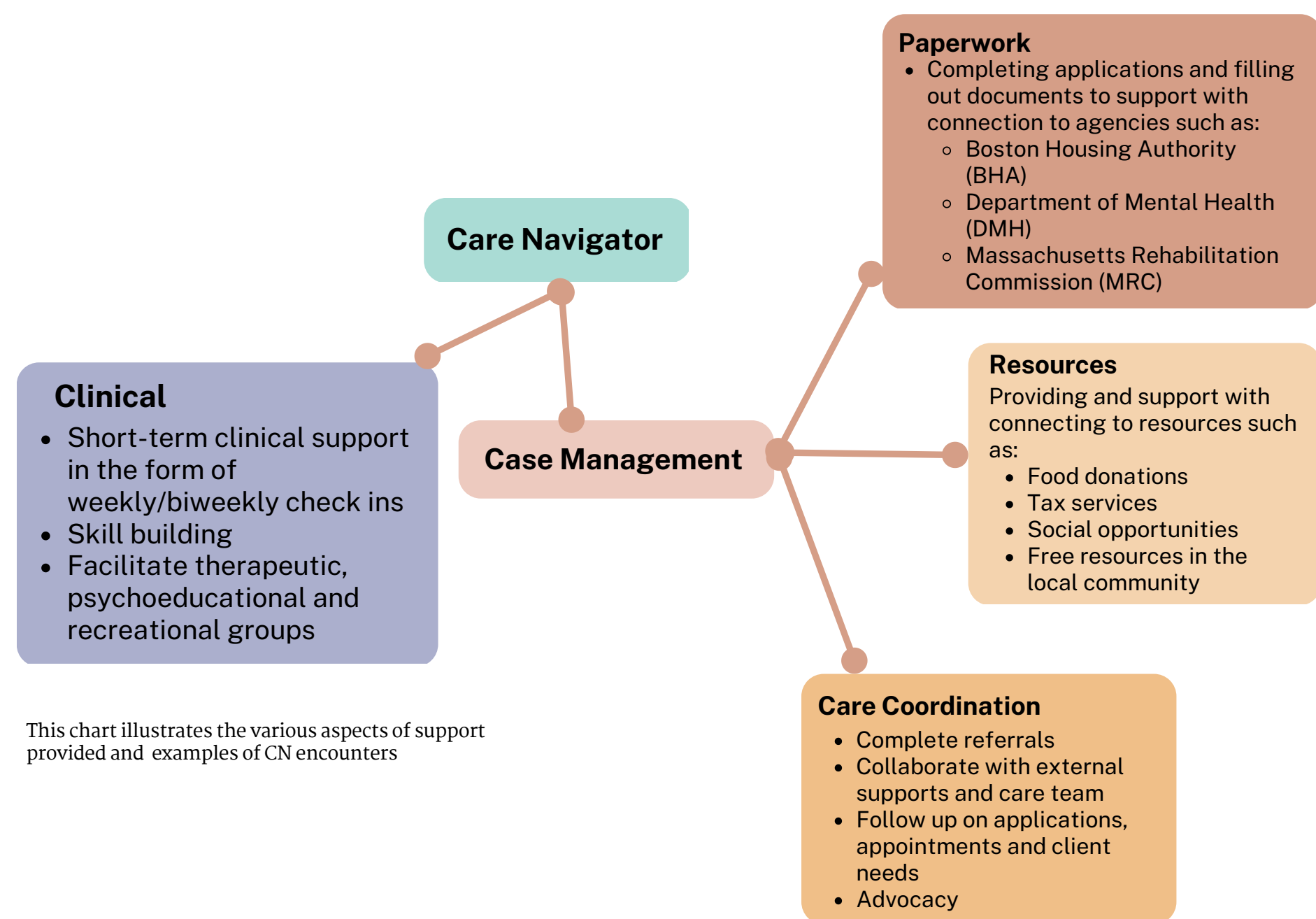
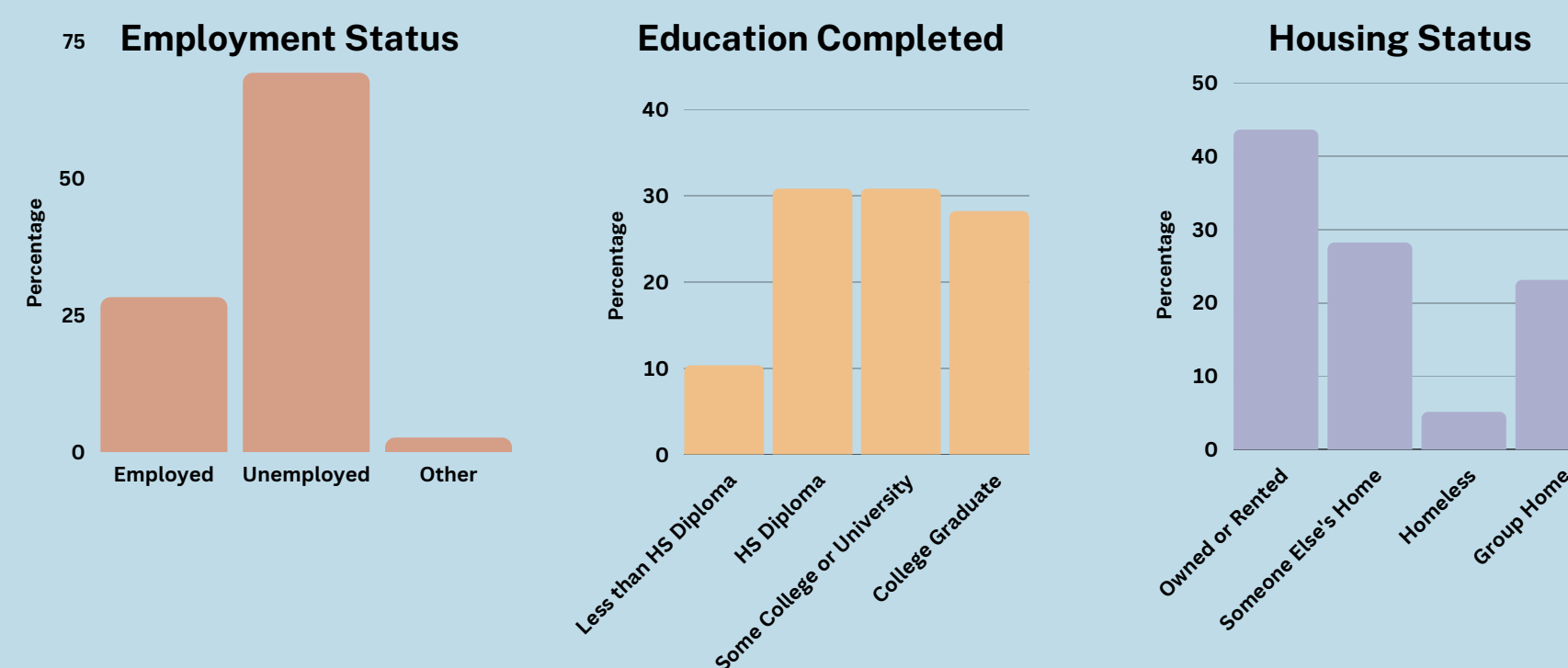


Results

- Between the start of the pilot in April 2022- February 2023, **68 clients** have used CN services at least once, and **18%** of them have used them more than once
- Though CN services are available to all FTC clients, **81%** of users have an SMI diagnosis
- FTC clients residing in the Lindemann Inn accounted for **50%** of care coordination provided
- **Top three areas** of support included **employment, housing** and **navigating government entities** such as SSDI or DMH

Discussion

- These findings and utilization rate indicate a need for more supportive services to fill the gaps that make navigating systemic barriers challenging and complex
- Data for service users enrolled in the CMHC grant, further highlights potential opportunity for support that align with individual goals



This chart illustrates the various aspects of support provided and examples of CN encounters