**Health Homes Care Coordinator**

**Responsibilities:**

Working with the population served by the Health Homes Program, which includes adults living with a serious mental illness, adults with chronic medical conditions, and/or individuals with a history of alcoholism and/or substance abuse; managing time and tasks to connect individuals to care with the intent to reduce hospitalization and emergency room visits; tracking and locating clients based on limited information from DOH; conducting field visits to individuals in their homes or location of their choice to implement Health Home services such as Health Promotion and Wellness, Comprehensive Care Management, Improving Access to Care, Comprehensive Transitional services and connection to Community Services; documentation notes per visit, the Initial Risk Assessment, Health Risk Assessment, FACT-GP, Care Plan, and other electronic record forms as needed, all to be entered into the respected electronic databases utilized within Health Homes. All other tasks as assigned.

**Qualifications:**

B.A./B.S. level professional with at least two years’ experience working with the Mentally ill/Substance Abuse population. Minimum of 2 years in a mental health setting. Experience with electronic record systems strongly desired. Willingness to travel by public transportation through the Queens, Brooklyn, Bronx and Manhattan and the ability to manage time and meet program / regulatory requirements are essential. Must have experience in outreach, client engagement, assessment, direct service and treatment, and documentation. Bilingual English/Spanish a plus.

**Contact:** Please forward resume and cover letter to:

Sheryl Silver, S.V.P. of Community Support Programs.
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