

<b>Job Title</b>	<b>Community Health Worker / Peer Recovery Coach</b>
Annual Salary	Commensurate with qualifications and experience.
Reports To	Mental Health / Substance Use Disorder Access Coordinator
Travel Requirements	Local meetings and events, some state and federal conferences, local/regional patient service/education venues external to the health center.
Type of Position	Regular Full-Time (1.0 FTE) with full benefit package.
Overview	The position of Community Health Worker/Peer Recovery Coach (CHW/PRC) is created to work with patients as members of a Patient-Centered Medical Home (PCMH) and to work in the wider community to identify persons in-need or at-risk and to connect them with the health center and other community SUD-MH services. The CHW encourages behaviors that promote both the wellness and health of the individuals and communities they serve, and provides a link between the community, health educators, and other healthcare and social service professionals. The CHW has a close understanding of the community she/he serves and is therefore able to act as a liaison between at-risk individuals and the health/social services available to them.
Minimum Skills, Experience, and Educational Requirements	The Community Health Worker is public service-oriented and -driven; she/he demonstrates a deep understanding of the struggles of substance use and addiction, and an even deeper compassion for those experiencing them; personal recovery experience, lived experience and Recovery Coaching experience are pluses; Bachelor's degree in a health-related field is preferred; some knowledge of the local recovery landscape will be viewed as helpful; English-Portuguese bilingual fluency is a plus, though not required; CCAR Recovery Coach Academy training is a plus, though not required.
<b>Responsibilities</b>	
<ul style="list-style-type: none"> <li>• With Mental Health / Substance Use Disorder Access Coordinator, implement comprehensive screening tools and enhance EHR reporting capacity to more accurately identify patients with MH/SUD needs (e.g., co-occurring with chronic medical conditions);</li> <li>• Using new screening tools (such as SBIRT) identify new referral opportunities to existing Island Counseling Center (ICC) Behavioral Health/Substance Use counseling;</li> <li>• Coordinate community outreach activities to promote program and increase awareness of services offered;</li> <li>• Facilitate care &amp; care transitions for underserved populations;</li> <li>• Provide referrals for existing and new health center patients through enhanced screening and EHR data reporting to community resources, health &amp; wellness education materials, affordable medication and treatment plans, and evidence-based MH/SUD patient education/self-management courses;</li> <li>• With the MH / SUD Access Coordinator, use the HRSA-SAMHSA Integration scale to guide, develop strategy/plan and achieve highest possible and reasonable behavioral health/primary care integration score;</li> <li>• Create connections between vulnerable populations &amp; healthcare systems;</li> <li>• Provide informal counseling, health screenings, community outreach and mindfulness-based coaching practices;</li> <li>• Help to build understanding and social capital to support healthier behaviors and lifestyle choices;</li> <li>▪ Perform other duties as required and requested by the CEO, Medical Director, MH / SUD Access Coordinator, Director of Enabling Services, leadership team and Board of Directors.</li> </ul>	