Fund for Public Health NYC
Health is everybody's business.

Fund for Public Health
in New York City
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Social Worker

The Fund for Public Health in New York City (FPHNYC) is a 501(c)3 non-profit organization that is dedicated to the advancement of the health and well-being of all New Yorkers. To this end, in partnership with the New York City Department of Health and Mental Hygiene (DOHMH), FPHNYC incubates innovative public health initiatives implemented by DOHMH to advance community health throughout the city. It facilitates partnerships, often new and unconventional, between government and the private sector to develop, test, and launch new initiatives. These collaborations speed the execution of demonstration projects, effect expansion of successful pilot programs, and support rapid implementation to meet the public health needs of individuals, families, and communities across New York City.

PROGRAM OVERVIEW (HHAP)

The Harlem Health Advocacy Partners (HHAP) is a DOHMH funded community health worker project aimed at reducing the rates of diabetes, hypertension, and asthma in the East and Central Harlem NYCHA community. HHAP aims to accomplish this by identifying NYCHA residents with any/all of these three chronic illnesses, and helping them better manage their illnesses through:

- One-on-one health coaching sessions
- Individual and group-level educational workshops
- Assistance in acquiring and navigating health insurance
- Referrals to clinical and social support services in the community
- Advocacy and community organizing

This position will be housed within the DOHMH's Center for Health Equity Division. The Center for Health Equity aims to strengthen and amplify the Health Department's work to eliminate health inequities, which are rooted in historical and contemporary injustices and discrimination, including racism. Our four key approaches to advance health equity are as follows:

1) **We support the Health Department's internal reform in becoming a racial justice organization.** By naming and addressing racism, and other social, economic, and environmental forces that create health inequities, we develop, implement and provide guidance on health equity training, practice, and policies across the Health Department.

2) **We invest in key neighborhoods (place-based).** The health of neighborhoods is a result of historical, political, social, and physical forces. Certain NYC Neighborhoods have been deprived of sufficient resources and attention. In order to "right" this injustice, we have neighborhood offices in areas that bear the highest disease burden; North and Central Brooklyn, the South Bronx, and East and Central Harlem. These are centers of planning and action for community-wide and inter-agency health initiatives.

3) **We build partnerships that advance racial and social justice.** Public health has historically been a vehicle to advance social justice. Towards this pursuit, we strategically mobilize tools, resources, and networks to enhance community power and target the factors that socially determine health inequities. We coordinate action with residents, community advocates, community-based organizations, faith-based organizations, businesses, schools and other city agencies.

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4) **We make injustice visible through data and storytelling.** We develop communication strategies that creatively use data, elevate the stories often untold and unseen, and call attention to racism, and other social injustices, as a root cause of inequities. We track and share results that are meaningful to community partners and that contribute to evidence-informed practices.

POSITION OVERVIEW

The Social Worker would be a full-time employee through June 30, 2020.

The Social Worker will provide direct behavioral health support to a team of 11 Community Health Workers providing peer health coaching services to residents of 5 East Harlem NYCHA housing developments diagnosed with poorly controlled asthma, hypertension diabetes and other social service needs. The Social Worker will engage in collaborative case reviews with the Community Health Workers and the Program Manager and will be responsible for providing interim counseling and crisis management services to identified program participants in need. The Social Worker will also be responsible for referral management and care coordination of participants transitioning to a higher level of care including preparation psychosocial participant summaries for behavioral health intakes and follow up until participants have begun to fully receive services in their new care setting. In addition, the Social Worker will be responsible to host weekly behavioral health group therapy/education sessions for residents in each of the 5 developments.

RESPONSIBILITIES

- Engage in monthly case conferencing meetings with Community Health Workers and Program Manager to allow for feedback and collaborative solution planning to improve participant health outcomes
- Conduct and assess participant psychosocial interviews, write assessments and collect supporting information in collaboration with participants assigned to Community Health Workers
- Prepare psychosocial participant summaries for behavioral health intakes and transfers
- Collaboratively determine participant disposition and ability to effectively engage in health coaching services; escalate care when appropriate
- Conduct joint home visits as needed to assess high risk cases
- Communicate all health complications and risks to Program Manager for determination
- Manage care transitions in an effective and timely manner
- Serve as a positive example and representative of the organization internally and externally
- Under guidance of Program Manager, assist with behavioral health training support for HHAP CHW staff

REQUIREMENTS

- Minimum of 2 years of experience delivering individual counseling services
- Experience running groups
- Flexible work schedule, some evenings and weekends required
- Participates in conferences, workshops, and other professional development activities to maintain licensure and/or remain professionally current with advances in field of expertise
- Ability to be work independently, be flexible, and handle changing workload with multiple projects and changing priorities
- Ability to prepare, present, and review oral and written technical and confidential information and reports

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- A strong commitment to collective action and community organizing

QUALIFICATIONS

- Master's Degree in Social Work
- LMSW required, LCSW preferred
- CASAC, CPP, or CPS is a plus
- Bilingual (English/Spanish) required
- Central Harlem & East Harlem residents preferred
- NYCHA residents strongly encouraged to apply
- Strong relationship builder with excellent interpersonal and communication skills
- Experience in case management with highly marginalized populations, particularly those with health, mental health, substance abuse, intimate partner violence and/or sexual assault issues
- Demonstrated knowledge and or experience with advanced case management techniques including treatment adherence, crisis intervention techniques, motivational interviewing, and harm reduction strategies preferred

SALARY AND BENEFITS

FPHNYC offers a comprehensive benefits package. The salary range for this position is commensurate with experience and education.

ADDITIONAL INFORMATION

There is potential for this position to transition to DOHMH and therefore candidates must meet DOHMH eligibility requirement including NYC residency.

TO APPLY

To apply, send Resume, with Cover Letter, including how your experience relates to this position, to publichealthjobs@fphnyc.org indicating "**HHAP Social Worker _your name**" in subject line.

The Fund for Public Health in New York City is an Equal Opportunity Employer and encourages a diverse pool of candidates to apply.