Position Title:  Community Referral Coordinator

Position Purpose:
Reporting to the Community Referral Coordinator (CRC) Program Director, the Community Referral Coordinator will execute activities to coordinate and integrate health services for the medically underserved in the St. Louis region. The referral coordinator will meet with non-emergent and/or admitted Hospital patients to provide education regarding availability of primary, specialty, behavioral health and urgent care services; offer patients a choice of primary care homes; and assist with scheduling follow-up appointments and arranging transportation/support services as needed. The referral coordinator will connect patients to medical and social service resources, as appropriate, to assist with system navigation.

About the CRC Program as part of the P.U.L.S.E. Model:
The P.U.L.S.E. Model is a two-tiered intervention for the health system. At the patient level, Community Referral Coordinator (CRC) staff meet with patients in acute hospital settings to assist in navigating outpatient care. At the systems level, the Transitions of Care Task Force – a cross-functional group of providers and health leaders serving the safety net – collaborate to improve care transitions across the community. The P.U.L.S.E. Model was designed so that family-level engagement can inform systems level change efforts, and vice versa.

Qualifications:
• Strong analytical, interpersonal, communication and organization skills.
• Ability to work in a self-directed manner and without close supervision.
• Proficiency with Microsoft Word, Microsoft Excel, and Internet browsing software is essential.
• Driver’s license and dependable vehicle with the knowledge to properly use the vehicle is preferred.
• Experience in and knowledge of large, urban emergency departments and inpatient departments; experience and knowledge of healthcare safety net system; social work background is preferred.
• Prior experience in community health outreach or similar positions within a health care setting is preferred.
• Prior experience with uninsured and Medicaid populations is preferred.
• Bachelor’s degree is required. Masters in Social Work, Public Health, or related degree is preferred.

Competencies:
Incorporates basic competencies into all aspects of the position, including:
• *Organizational commitment:* aligns own behavior with the needs and priorities of the organization.
• *Service orientation:* has a genuine desire to help others, especially those in need. Derives satisfaction from serving others. Understands people’s needs and overcomes obstacles in serving them.
• **Learning orientation:** values and seeks opportunities to learn. Collects and uses information relevant to work-based problems.
• **Attitude toward change:** adapts to and works effectively with a variety of situations, individuals, groups and systems.
• **Personal effectiveness:** takes initiative to do more than the minimum requirements of the job. Expresses self-confidence in stating opinions and when called upon to make decisions.
• **Achievement motivation:** sets challenging objectives and works to continually improve personal performance.
• **Interpersonal and team performance:** builds and maintains positive relationships with people on the job. Listens effectively to understand others.
• **Values diversity and equity:** Treats all people with respect; seeks and considers diverse perspectives and ideas; provides a supportive work environment for a multicultural workforce; shows sensitivity to individual differences; treats others fairly without regard to race, sex, color, religion or sexual orientation; engages in personal reflection and development to address unconscious bias, demonstrates no tolerance for micro-aggressions; recognizes differences as opportunities to learn and gain by working together.
• **Quality focus:** minimizes errors and maintains high quality by checking or monitoring data and work in a timely manner, and by developing and maintaining systems for organizing work and information. Actively explores ways to improve quality of output.
• **Problem-solving effectiveness:** uses data and analytical thinking to identify problems and develop solutions.
• **Task accomplishment:** acts resourcefully to ensure that work is accomplished within specified time and quality parameters. Is able to focus effectively on more than one task or project at a time.
• **Proven track record and requisite skill set:** has a demonstrated track record and/or possesses the requisite skill set required to accomplish the goals and objectives set forth by the IHN. The skills and expertise required include: an understanding of the delivery of local health care, and an understanding of government, regulations, policy and programs.
• **Leadership:** Exudes confidence in serving as a champion in the formation and implementation of the IHN’s objectives.

**Primary Responsibilities:**
• Responsible for the implementation of the goals and objectives set forth and adopted by the IHN.
• Executes the day-to-day implementation of the IHN’s Community Referral Coordinator program, as outlined in the CRC Manual. Duties include but are not limited to: daily patient encounters to provide navigation and education; systems coordination; and regular data entry.
• Provides timely and relevant reports to Community Referral Coordinator Program Director regarding the status of the goals and objectives established by the IHN. Participates in monthly supervision. Participates in and presents at hospital or partner meetings.
• Assists in developing and maintaining an objective, reliable and consistent database of information on program metrics and outcomes, as managed by the Outcomes and Information Manager.
Reporting Relationships:
The Community Referral Coordinator reports directly to the Community Referral Coordinator Program Director.

Hours:
The Coordinator role is a non-exempt full-time, 40 hour per week position. Referral Coordinators typically work from either 8:00 AM to 4:30 PM, 9:00 AM – 5:30 PM, or from 10:00 AM to 6:30 PM as preferred by the hospital.

Work Environment:
Regular, daily travel to CRC Staff hospital sites and external meetings required within a 30-mile radius. Rare overnight travel. Work in clean and comfortable office and hospital setting. The employee is constantly required to talk, hear, and operate a computer and mouse. The employee is frequently required to walk, bend, twist, push, pull, reach above shoulder and use hands to finger, handle, or feel. The employee will occasionally lift and/or move up to 15 pounds. Specific vision abilities required by this job include close vision and distance vision.

Starting Salary Range: $38,000-$43,000. Employee will be eligible for full benefits including health, retirement and vacation benefits.

Application Instructions: Please send resume, reference list, and salary requirements to:

HR@stlouisihn.org
Subject: Community Referral Coordinator Position

About St. Louis Integrated Health Network:
MISSION OF THE INTEGRATED HEALTH NETWORK
The IHN, through collaboration and partnership, strives for quality, accessible, and affordable healthcare services for all residents of Metropolitan St. Louis, with an emphasis on the medically underserved.

IHN GUIDING PRINCIPLES
Our guiding principles reflect our most important organizational commitments. They underscore our priorities and inform the decisions, actions and agendas of our leadership and staff. Practiced with fidelity, these principles help to ensure the alignment of our mission and operations. We hold ourselves accountable to these principles and we seek partners who share our commitments to our principles.

Health Equity • Patient-Centered Orientation • Accountability • Outcome-Focused Decision Making • Innovation