POSITION DESCRIPTION

CARE COORDINATOR

ACT TEAM

Community Based Services Region Ten Community Services Board

CLASSIFICATION TITLE: Care Coordinator

GENERAL STATEMENT OF RESPONSIBILITIES:

This is a FLSA non-exempt position. The incumbent is responsible for coordinating care for ACT team consumers over the age of 18 years old with a range of mental health needs (serious mental illness, co-occurring, trauma, or substance use). This includes assessing service needs; developing plans for access to services; liaison with client, families, programs, and service providers; ongoing monitoring or client service needs; advocacy; and consultation and education to clients, families and community. Incumbent will coordinate ACT consumer's medical appointments by scheduling, providing transportation and gathering documentation for review by ACT team clinicians and nursing.

The incumbent reports to the ACT lead nurse and/or director and is expected to function with initiative and independent judgment, based on application of standard practices and with guidance from the supervisor. In carrying out position duties, he/she performs in accordance with applicable professional ethics and established Region Ten policies.

The essential functions of this job are starred below (*) under "Major duties."

MAJOR DUTIES:

- 1. *Acquiring and maintaining valid certification in First Aid, CPR, medication administration, non-aversive behavior management and defensive driving in order to ensure the safe and efficient operation of the program
- 2. *In collaboration with the team psychiatrist, coordinate, schedule, and transport for medical assessments of consumer physical health, making appropriate referrals to community physicians for further assessment and treatment, and coordinate psychiatric treatment with medical treatment
- 3. *Engages participants with a welcoming and recovery oriented perspective, utilizing motivational interviewing and rapport building to support successful positive engagement and inclusion in ACT team activities and opportunities.
- 4. *Attends integrated team meetings to discuss individuals' needs and/or plans of care.
- 5. *Promotes overall culture of recovery, consumer empowerment and positive collaborations with all partners.
- 6. *Enhancing community integration through increased opportunities for community access and involvement and creating opportunities to enhance community living skills to promote community adjustment including, to the maximum extent possible, the use of local community resources available to the general public.
- 7. *Making collateral contacts with the individual's significant others with properly authorized releases to promote successful outcomes within individuals' primary goals.
- 8. *Assessing needs and supporting services and/or resource linkages. This may include developing a case management individualized service plan, as needed and completing DLA 20 as required.
- 9. *Linking the individual to those community supports that are likely to promote the personal habilitative/rehabilitative and life goals of the individual as developed in the individualized service plan (ISP).
- 10. *Assisting the individual directly to locate, develop or obtain needed services, resources and appropriate public benefits.
- 11. *Assuring the coordination and monitoring of services and service planning within a provider agency, with other providers and with other human service agencies and systems, such as local health and social services departments.
- 12. *Provide follow up instruction, education and counseling to guide the individual and develop a supportive relationship that promotes the individualized services plan.
- 13. *Advocating for individuals in response to their changing needs, based on changes in the plan.
- 14. *Developing a crisis plan for an individual that includes the individual's preferences regarding treatment in an emergency situation.
- 15. *understanding and supporting the individual's health status, any medical conditions, and his medications and potential side effects, and assisting the individual in accessing primary care
- 16. *Maintain complete and current consumer records and other required reports, service reporting and documentation in compliance with agency, state and federal standards.
- 17. *Reads all agency communication (i.e., Ten, Region Ten's Newsletter, e-mail, etc.)
- 18. *Other duties as assigned by the supervisor in keeping with the general requirements of the position.

QUALIFICATIONS:

Bachelors in a Human Services Field, and 1 year experience with mental health preferred. Certification as QMHP (Qualified Mental Health Professional) as set forth by Department of Behavioral Health and Developmental Services, is preferred. To ensure the safe and efficient operation of the program, a valid Virginia Driver's License plus an acceptable driving record as issued by the Department of Motor Vehicles are required. For business use of a personal car, a certificate of valid personal automobile insurance

ACT TEAM - Region Ten Community Services Board

must be provided.

In addition, the incumbent needs to possess the following knowledge, skills, and abilities:

Knowledge of:

- Services and systems available in the community including primary health care, support services, eligibility criteria, intake
 processes, and generic community resources.
- 2. The nature of serious mental illness, intellectual disability and/or substance abuse depending on the population served, including clinical and developmental issues.
- 3. Treatment modalities and intervention techniques, such as behavior management, independent living skills training, supportive counseling, family education, crisis intervention, discharge planning, and service coordination.
- 4. Different types of assessments, including functional assessment, and their uses in service planning.
- 5. Consumers' rights
- Local community resources and service delivery systems, including support services (e.g., housing, financial, social
 welfare, dental, educational, transportation, communications, recreation, vocational, legal/advocacy), eligibility criteria
 and intake processes, termination criteria and procedures, and generic community resources (e.g., churches, clubs, selfhelp groups).
- 7. Effective oral, written and interpersonal communication principles and techniques.
- 8. General principles of record documentation.
- 9. General knowledge of HIPPA regulations
- 10. Scheduling and coordinating medical appointments. Obtaining written documentation after appointments for review by clinicians and nursing.

Skills in:

- 1. General knowledge of Interviewing and supportive counseling techniques.
- 2. General knowledge of human development and behavior.
- 3. Ability to solve problems within the scope of responsibility.
- 4. Ability to analyze facts and to exercise sound judgment in arriving at conclusions.
- 5. Ability to communicate complex ideas effectively, orally and in written form.
- Ability to prepare clear and concise reports.
- 7. Ability to establish and maintain effective working relationships with clients, medical professionals, community service providers, agencies, and associates, and the general public.
- 8. Negotiating with consumers and service providers.
- 9. Observing, recording and reporting on an individual's functioning.
- 10. Identifying and documenting a consumer's needs for resources, services, and other supports.
- 11. Using information from assessments, evaluations, observation and interviews to develop service plans.
- 12. Identifying services within community and established service system to meet the individual's needs.
- 13. Promote goal attainment
- 14. Coordinating the provision of services by diverse public and private providers.
- 15. Identifying community resources and organizations and coordinating resources and activities.

Abilities to:

- 1. Be persistent and remain objective
- 2. Empower and Engage individuals.
- 3. Assess, refer, and authorize services.
- 4. Demographic collection.
- 5. Timely documentation of appropriate health information,
- 6. Work as a team member, maintaining effective inter and intra-agency working relationships.
- Demonstrate a positive regard for consumers and their families (e.g., treating consumers as individuals, allowing risk-taking, respecting consumers' and families' privacy, and believing consumers are valuable members of society).
- 8. Work independently performing position duties under general supervision.
- 9. Communicate effectively, verbally, and in writing.
- 10. Establish and maintain ongoing supportive relationships.

CLINICAL PROVIDER PERFORMANCE EVALUATION STANDARDS:

This position is evaluated according to the Clinical Provider Performance Evaluation Standards.

POSITION LOCATION: ACT team

Region Ten Community Services Board

800 Preston Ave

Charlottesville, Virginia 22902

POSITION ORGANIZATION CHART:

Care Coordinator ACT TEAM – Region Ten Community Services Board

		Director I	
		I	
		Lead Nurse	
		I	
		Care Coordinator	
GRADE:	9		
SCHEDULE	E: Monday through Friday, 8:00 a.m. to 4:	30 p.m, varying shifts may be requ	ired.
Position De	scription Updated: April 5, 2024		
	ewed this job description and acknowledge tion. I also understand the performance s		
Signature		Name Printed	 Date