### Care Coordinator

**General Description:**

The Care Coordinator will provide a range of care coordination activities and individualized recovery and treatment support to clients in the program focusing on providing a medical home for HIV positive individuals who are multiply diagnosed with mental health and/or substance abuse disorders and are homeless or at risk of homelessness.

**Specific Responsibilities:**

* Provides intensive care coordination for assigned clients.
* Completes psychological assessments and diagnosis.
* Develops and helps clients implement individualized care plans based on assessed needs and barriers.
* Provides necessary therapeutic treatment and care for mental health and/or substance use disorders.
* Manages necessary communication with clients.
* Documents client information and encounters according to protocols.
* Works closely with both internal and external medical and social service providers to ensure follow up, linkage and adherence to the treatment plan.
* Facilitates multidisciplinary care team meetings.
* Works closely in a team environment, collaborates on cases and provides feedback on service delivery model.
* Collects and documents outcomes as well as challenges and barriers as directed by supervisor.
* Provides therapeutic crisis intervention and emergency services as required.

Agency specific

* Performs other duties essential to project implementation and success.
* Complies with agency policies and procedures – program and personnel.
* Performs otherduties as assigned by supervisor.

**Reports to:**

* Program Director.

**Direct Reports:**

* None

**Required Knowledge, Skills and Abilities:**

* Knowledge and understanding of counseling theories, practices, methods, procedures, and standards.
* Demonstrated ability to effectively implement evidence based interventions including but not limited to: Motivational Interviewing, Cognitive Behavioral Therapy, Harm Reduction and Intensive Case Management.
* Ability to conduct interviews and psychological assessments.
* Demonstrated ability to work collaboratively in a team environment.
* Computer literacy – Microsoft packages, windows environment, and web-based applications.
* Excellent verbal and written communication skills.
* Excellent interpersonal and organizational skills.
* Knowledge of community resources; demonstrated ability to network and build strong relationships with community organizations serving priority populations as identified by the agency and/ or funder.
* Demonstrated ability to working with clients with complex problems and needs.
* Demonstrated knowledge of working with clients with HIV/AIDS.
* Demonstrated knowledge and experience working with clients with mental health and substance abuse disorders.

**Education and Experience**

* Master’s degree in social work or other social service discipline. LMSW, LCSW or LPC with current unrestricted Texas licensure is highly desired. Education may be substituted by significant job related experience.
* A minimum of three years providing Intensive Case Management or Care Coordination.
* A minimum of two years working with the homeless population.
* A minimum of two years working with clients with complex needs including mental health and substance abuse disorders.

*This publication is part of a series of manuals that describe models of care that are included in the HRSA SPNS Initiative* Building a Medical Home for HIV Homeless Populations*. Learn more at* <http://cahpp.org/project/medheart/models-of-care>