Health District
OF NORTHERN LARIMER COUNTY

POSITION DESCRIPTION

POSITION TITLE **Care Coordinator**

DEPARTMENT **Mental Health and Substance Use Connections**

SALARY GRADE **Grade 8**

REPORTS TO **Clinical Care Coordination Supervisor**

POSITION OVERVIEW

The Care Coordinator is responsible for educating and referring clients or families to appropriate community services and assisting the client and families by providing referrals or recommendations to community agencies. The Care Coordinator will be responsible for ensuring the multi-disciplinary team is engaging in open communication with the client, client's family, and community providers. The Care Coordinator will assist clients and families with benefits acquisition, finding affordable care, receiving needed follow-up services and on-going support for Connections clients.

The Care Coordinator must possess general knowledge of mental health and substance use disorders and treatment; however, this is not a position that provides individual or group counseling. Instead, the Care Coordinator provides a wide range of assistance related to facilitating behavioral health care and services for those in need.

SUPERVISION AND FISCAL RESPONSIBILITES

This position has no supervisory or fiscal responsibilities.

EXAMPLES OF DUTIES

- **Client Screening, Intake and Assessment**
  - Links individuals and families with initial assessment providers via a warm hand-off.
  - Assists with the coordination of assessments among various organizations and systems to reduce over assessment and ensure appropriate communication and coordination of results.
  - Monitors assessment process and assures appropriate communication back to referring PCP, individual, family and others at the discretion of the individual or family.
  - Provides outreach and initial contact to potential clients to introduce them to the program and engage them in care coordination services.
- **Mental Health Information and Education**
  - Answers client/family questions and addresses concerns, provides educational materials and other information; and provides guidance in assessing options and making decisions.
  - Utilizes information and referral resources in order to research and provide information on mental health topics, disorders, assessments, services, providers and treatment approaches and options.
  - Helps client/family understand the potential course of treatment or services, and assists them in anticipating and addressing potential challenges and barriers to success.
- **Referral and Linkage**
  - Utilizes information and referral resources and knowledge in order to research possible options for services, support and treatment and works with client/family in the selection of options and determination of next steps.
  - Makes active referrals and linkages to care by connecting clients directly or making initial contact with the service/provider being referred to, making a personal introduction, attending first appointments, and other proactive methods of ensuring completion of next steps to care.
- **Crisis Intervention and Management**
  - Utilizes crisis intervention model to respond to clients in crisis and connects clients to appropriate

crisis interventions.

- **Family Navigation**
  - Assists client/family in navigating complex systems to reduce barriers to improved mental, social, family, and physical functioning. May include service-planning, advocacy, research, working with others in client's treatment system, monitoring, follow-up, etc.
  - Provides an ongoing source of support, advocacy and contact for those with intensive care coordination needs to ensure consistency of service provision over time.
  - May work with individuals and families to develop long-term trusting relationships, promote independence, develop life skills, and assist in functioning well within a multi-system approach to care.
  - May convene multi-agency staffing or case consultation as needed for client/family with complex needs and/or involvement with multiple agencies.
  - Maintains appropriate record keeping.
- **Follow-Up**
  - Contacts clients after providing specific service to determine follow-through with plan, barriers encountered, additional client needs, and client suggestions for improvement of services.
  - Provides outreach to clients who have not followed through with services, or who no-showed for an appointment.
  - Checks in regularly with consumers/families specifically identified as needing more intensive assistance.
- **Benefits Acquisition and Connection to Affordable Services**
  - Assesses appropriateness for Connections low-cost counseling program or other community sliding fee services.
  - Coordinates with Larimer Health Connect program to assist families in acquiring new or different health insurance.
- **Psychiatric Medication Referral Program**
  - Works with volunteer providers to refer clients to contracted psychiatrists for short-term medication evaluation and monitoring.
  - Provides care coordination for psychiatric patients.
- **Other**
  - Maintains information on identified barriers to service and dead-ends.
  - Works as a team-member, participating in group meetings, staffings, group supervision sessions, retreats, trainings, and special events as necessary.
  - Participates in outreach and public education activities, which may include serving as a liaison with outside agencies, providing workshops and training, and/or contacting organizations and agencies to provide information on the services offered by Connections.
  - Actively pursues continuing education in aspects related to job functions.
  - Performs other duties as assigned by the Clinical Care Coordination Supervisor
  - Develops and maintains positive, professional, and productive relationships with consumers, the public, other agencies, co-workers and supervisors.

QUALIFICATIONS

- Bachelor's Degree in social work, public health, human services, or other human service related field.
- A minimum of two years of experience working in the behavioral health field.
- A minimum of one year of experience working as a client navigator, or in care coordination/case management position in a behavioral health setting.
- Experience and high comfort level with talking and communicating directly with clients and families about treatment needs.
- Ability to apply crisis intervention models to manage and diffuse intense emotional and/or potentially hostile situations.

- Knowledge of and ability to use brief intervention/solution focused treatment models with individuals and families.
- Knowledge of, and skills in, implementing family educator, family navigator, or case management practices.
- Experience navigating mental health service plans and services with a wide range of community agencies, treatment and care providers, and others.
- Ability to research, locate, access and utilize available resources, both internal and community-based.
- A high level of cultural competence, including the ability to understand and work with diverse cultures, and people with intellectual or physical disabilities and incorporate their relevant needs into treatment plans.
- Ability to participate as an active member of a multi-agency team and work closely with a wide range of professionals on the team and in the community.
- Ability to develop and maintain positive, productive, professional relationships with agencies, treatment professionals, co-workers, and clients.
- Excellent organizational skills.
- Ability to work both cooperatively and independently.
- Ability to communicate well verbally and in writing, and to keep accurate and complete records.
- Knowledge of and experience with strength-based models and interventions.
- Regular, reliable, and on-time attendance is an essential function of this position.
- Experience working with diverse populations is desired.
- Extensive knowledge of local mental health systems and referral sources in desired.
- Experience and/or training in trauma-informed approaches is desired.
- Written and oral fluency in English and Spanish language is desired.
- Basic computer skills including Windows operating system, email, word processing and data entry.
- Requires Reliable Transportation; Valid driver's license and auto insurance if reliable transportation is by personal automobile.
- Healthcare workers are required to comply with infection control policies including immunity to Measles, Rubella, Mumps, Varicella, and Pertussis. Influenza and COVID-19 vaccinations are required. Proof of immunizations and vaccinations is required. An annual screening for Tuberculosis is also required.

The above job definition information has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities, and qualifications required of employees assigned to this job. Job duties and responsibilities are subject to change based on changing business needs and conditions.

WORK ENVIRONMENT

- The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.
  - Must have close visual acuity to perform activities such as: preparing and analyzing data and figures, viewing a computer monitor, extensive reading.
  - Must be able to sit or stand for prolonged periods.
  - Must have eye-hand coordination and manual dexterity sufficient to operate a computer keyboard, telephone, photocopier and other office equipment.
  - Must have the ability to move from place to place on the job.
  - Must have the ability to communicate information and ideas verbally so others will understand.

General Benefits Description - The Health District provides paid time off, medical and dental insurance, life and disability insurance, 401(a) employer match, and a robust employee wellness and recognition

program. Vision insurance and an additional pre-tax retirement plan is offered. A complete list of benefits can be found on the Health District website**.**

Equal Opportunity Employer - The Health District is committed to creating a diverse environment and is proud to be an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, ethnic or national origin, ancestry, age, sex, pregnancy, disability, genetic information, veteran status, gender, marital status, sexual orientation, gender identity or expression, religion (creed), political beliefs, or any other characteristic protected by federal, state or local laws.