<u>Position Description:</u>

Mental Health Resource Center, a comprehensive mental health center and Joint Commission accredited organization is looking for a **Care Transition Coordinator** to join its Care Transition Team in Jacksonville.

As a member of the Care Transitions Team, the Care Transition Coordinator will work with uninsured individuals to ensure they are effectively connected with the services and supports they need to transition successfully from higher levels of care to community-based care. The Care Transition Coordinator will assess individual's needs, coordinate a plan of care and/or treatment plan, and conduct outreach to engage individuals referred from inpatient psychiatric facilities or other community providers.

<u>The essential functions of the Care Transition Coordinator include, but are not limited to:</u>

- Act as the single point of accountability for ensuring the coordination of services, supports, and cross system collaboration to ensure the individual's needs are met holistically.
- Utilizes engagement strategies to build trust and rapport with individuals to encourage successful transition to community support services.
- Conducts standardized assessments such as the LOCUS to determine appropriate levels of care.
- Facilitates shared decision-making with the individual served and if appropriate, family and/or other supports to ensure the development of person-centered, individualized, strength-based plans of care drive the Care Coordination process.
- Ensures community-based – services and supports take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible that safely promote an individual's integration into home and community life.
- Provides coordination across the spectrum of health care - this includes, but is not limited to, physical health, behavioral health, social services, housing, education, and employment.
- Facilitates information sharing as appropriate using informed consents to effectively share information among Network Service Providers, natural supports, and system partners involved in the individual's care.
- Facilitates effective transitions of care utilizing warm hand-offs that typically involve face-to-face meetings with "receiving" provider and individual served.
- Provides services that are culturally and linguistically competent that incorporates the individual's values, preferences, beliefs, culture, and identity of the individual served, and their community.
- Ensures goals and strategies of the care plan are tied to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly
- Facilitates stabilization of mental health symptoms through care coordination, assessment, and outreach.
- Advocates for acquisition of the services and resources necessary to implement the care plan and/or treatment plan. Completes referrals to community services and resources as needed. Coordinates the delivery of services as specified in the care plan and/or treatment plan. Monitors and evaluates effectiveness and satisfaction with services.
- Provides community-based outreach to individuals referred from inpatient psychiatric facilities, jail, etc. Engages with the individual and provides information about services provided at the CSC. Continues offering services to individuals to engage into services.
- Provides regular contact once service connection with the CSC has been made, during psychiatric medical service appointments, and as needed to coordinate needed services.

- Provides community-based outreach to service providers at crisis points in the system to provide information on services provided by the CSC.

Position Requirements:

In order to be considered, a candidate must have a Bachelor's Degree in Social Work or a related Human Services field from an accredited university or college (a related Human Services field is defined as one in which 30 hours of course work includes the study of human behavior and development) required.

One year of experience working in human services or a mental health related field required.

Proficiency in the RBHS/MHRC Electronic Health Records (EHR) and Patient Information System demonstrated within three months of employment.

Proficiency in Microsoft Office, Outlook and use of the Internet required.

Must meet Frequent Drivers requirements, including a valid Florida driver's license, and insurance coverage equal to or exceeding 50,000/100,000/50,000 split limits.

Strong communication skills are essential and this individual must be able to interact appropriately with internal and external customers, including patients, families, caregivers, community service providers, supervisory staff and other department professionals.

Position Details:

This is a Full Time Days position.

This full time position offers a comprehensive benefits package.