Position: Care Coordinator Family Support Partner (Bilingual)
Supervisor: Co-Executive Director of Community Programs
Status: Part-time
Location: Hybrid San Miguel and Ouray County

JOB SUMMARY:

The purpose of your job as the Family Support Partner is to improve health outcomes for high-risk children and their families, as well as adults struggling with their health. The goal is to collaborate with and provide intensive direct support to families and individuals so they have the opportunity and ability to thrive and be healthy. You will help people navigate different systems that they are involved in, find new resources to support their well-being and bring together different people who are providing services to your clients to create an integrated and streamlined plan. You will be an advocate for the underserved by ensuring that the clients are empowered to have their voice and choice heard.

DUTIES AND RESPONSIBILITIES: May include the following and other duties as assigned.

1. Provide High Fidelity Wraparound Care Coordination services for youth, families, and adults:
   a. Establish a trusting relationship with youth, family members, and other adults.
   b. Provide clients and their chosen support people an overview of the care coordination process, resources, supports, expectations, and goals.
   c. Assess the changing needs of the client and communicate this information to all involved Care Coordinators, community partners, physicians, and other appropriate individuals.
   d. Keep the client actively engaged in the planning and implementation of their wraparound care.
   e. Provide intensive, direct care coordination support. This may include making calls to service providers on behalf of clients, attending appointments with partner providers and clients, arranging transportation services, application assistance, and documentation submission, reminding the client of appointments, among other activities.
   f. Use a strengths-based approach—partner with the client to develop and implement wraparound plans addressing the client’s individual needs in a culturally appropriate way.
   g. Provide clients the tools they need to make their own choices about health by ensuring clients have an awareness and understanding of the systems they are involved in and can act to change their lives in the way that they choose.
   h. Connect clients with community resources to support their health and wellbeing.
   i. Document assessments, client/family response to care coordination interventions at the time of the encounter in the appropriate management information system.

2. Maintain relationships with partners throughout your community.

3. Educate clinic and partner organizations staff about high-fidelity wraparound care coordination services.

4. Coordinate and perform duties of communicating the mission and role of TCHNetwork to community associations, senior groups, ethnic clubs and groups, and churches.

5. Communicate client issues to appropriate community partners.
6. Participate in staff meetings, case conferences, and in-services. Maintain familiarity with all policies and procedures that impact decisions and care.
7. Attend regional meetings, conferences, and training as TCHNetwork assigns.
8. Other duties as assigned.

REQUIRED QUALIFICATIONS:
1. Written and verbal fluency in both English and Spanish
2. Excellent verbal and culturally competent communication skills (in person, on the telephone, and through email correspondence)
3. Must have an aptitude for computers and working with various software and be proficient in MS Word, MS Excel
4. Willingness to work flexible hours to be responsive to your clients.
5. Valid driver’s license with reliable transportation and car insurance with the ability to travel up to 90 miles to perform duties related to this position.
6. Experience advocating on behalf of underserved communities and navigating health care and social services.
7. Comfortable with “cold calling” to offer Care Coordination and connect them to community-based services over the phone and in-person if needed.
8. Proficient with member tracking systems.
9. Experience working with field teams or working remotely to achieve identified goals.
10. A former “child of the system”, someone who has personally endured the rigors of family separation, detention, foster care, homelessness, or other similar traumas and emerged intact could also be considered to have the real-life experience that appears to be such a critical characteristic of a successful FP.
11. Real-Life Experience – Parent of a child or children with mental illness or emotional disturbance who has survived the trauma associated with that environment and developed the insights and perspectives necessary to help other families who are struggling through the process. This experience should include interaction with the local school system, Office of Juvenile Affairs (OJA), and the Department of Human Services (DHS), the Education System, etc.

PREFERRED QUALIFICATIONS:
1. A resident of the community for the past 2 years
2. Knowledge and experience working in/with clinical or social service agencies in rural communities.
3. Experience working with disadvantaged/underserved population.
4. Understanding of health equity and experience working to address social determinants of health.

PERSONAL ATTRIBUTES:
1. Must possess demonstrated ability to relate to individuals of varied ethnic, cultural backgrounds, ages, and economic circumstances.
2. Ability to remain non-judgmental.
3. A trusted member of the community and ability to make new and lasting connections.
4. Ability to maintain client confidentiality.
5. Ability to work in a fast-paced environment, remain calm under pressure and be supportive of client needs.
6. Advanced time management skills and ability to work independently.
7. Strong work ethic, self-motivated, and collaborative style
8. Change agent demeanor: must be a flexible thinker, with an ability to quickly adapt to a changing environment.
9. Ability to exercise forethought, to look ahead, and anticipate events.
10. Excellent critical thinking and consultative problem-solving skills
11. Ability to receive and utilize constructive feedback regarding performance and presentation.
12. Must be able to lift 50+ pounds.

**LOCATION:**
Hybrid, San Miguel and Ouray Counties

**Salary Range: $21.00-$25.00 an hour, based on experience.**

We offer 48 hours of paid holiday, 48 hours of PTO, up to 3% match IRA with immediate vesting, a flexible spending account, an employee referral program, mental health wellness program, & continued professional development opportunities.

**DIVERSITY, EQUITY, AND INCLUSION:**
Tri-County Health Network is a nonprofit organization committed to collaborating with our communities to improve healthcare for everyone. Diversity, Equity, and Inclusion is at the core of our mission and work in the region.