

# Coordinated Services Team Initiative Care Coordinator Job Description

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## **Knowledge and Skills:**

With the guidance of the Initiative Coordinator, the Care Coordinator will have a comprehensive knowledge of the human service system; have knowledge of how to access area resources; be skilled in written and oral communication; and be able to successfully facilitate groups and work well with a divergent group of people.

Specific skills of an effective Care Coordinator/facilitator include the abilities to: focus on strengths, accurately listen, develop trust of team members, understand multiple perspectives, intervene on ineffective behavior, accept feedback without reacting defensively, provide support and encouragement, and maintain/demonstrate patience.

## **Care Coordinator Activities:**

- A. Identify and bring together a team of people that will collaboratively work with the child and family, and provide process orientation to the family and to service providers who are new to the process. These activities take approximately **3 – 5 hours**.
- B. Together with team partners, conduct a comprehensive and multi-dimensional summary of strengths and needs of the child and family. Schedule and facilitate team meetings to complete the summary of strengths and needs and review the results. Ensure completion of corresponding paperwork. This process takes approximately **10 – 15 hours**.
- C. Together with team partners, develop the Plan of Care, specifically outlining each team member's responsibility, time line for accomplishment, and outcome expectations. Schedule and facilitate team meetings. Ensure the development of a safety plan for each child to address potential crisis situations at home, in the community, and at school. Ensure completion of Plan of Care paperwork. This process takes approximately **12 – 16 hours**.
- D. Coordinate the implementation of the Plan of Care and monitor ongoing delivery of services. This responsibility includes regular contact with the child, family, and service providers. Schedule and facilitate regularly scheduled team meetings to monitor the plan as a team. Ensure the Plan of Care is amended as necessary to meet the changing needs of the child, family, service providers, and community. Excluding the provision of direct services (in-home therapy, mentoring, etc.), this process takes approximately **2 – 6 hours per family per month**.
- E. Ensure submission of required youth and family data – includes collecting and reporting information and data on placement, diagnosis, expenses, outcomes, and activities.

### **Paperwork:**

Depending on each team's situation and experience of the Care Coordinator, paperwork time will vary. Typical forms to be completed by or arranged to be completed by the Care Coordinator include:

- Release of Information
- Assessment Summary of Strengths & Needs – CANS Comprehensive (to be completed within 30 days of enrollment)
- Plan of Care (to be completed within 60 days of enrollment)
- Plans for Crisis – home and community
- School Plan for Crisis (often incorporated into the school Behavior Intervention Plan)
- Ongoing reporting of outcomes to the State
- Meeting minutes
- Team correspondence

Other documents which may be reviewed by the team and incorporated into the care plan include:

- Individual Education Plan (IEP)
- Behavior Intervention Plan (BIP)
- Court Order
- Permanency Plan
- Psychotherapy/In-home assessment, goals, evaluations, case notes, etc.