Greater Washington Urban League

Empowering Communities. Changing Lives.

Job Description

Job Title	*Service Coordinator – Career MAP*
Department	*Center for Financial Inclusion*
Reports to	*Lead Service Coordinator*
Work Location	*2901 14th Street NW, Washington, DC*
Position Type	*Regular, Full-time*
Exemption Status	*Exempt*
Date	*December 2023*
Salary	*$60,000 - $65,000 based on experience and credentials*

General Summary

GWUL is offering a Family Work & Wellness Accelerator Program designed to assist approximately 300 families who experienced homelessness and recently exited a rapid rehousing program. The Accelerator provides critical services in career advancement, financial empowerment, family support, and housing stabilization. The program is developed in partnership with FHI 360 and Functional Family Therapy (FFT) LLC to provide an integrated solution for career navigation and coaching services that put the voices of participating families at the center of design, care, and support.

The Service Coordinator will spend much of their time in the office on a Hybrid Schedule, completing their daily programmatic requirements, and tasks, and supporting their assigned caseload/members directly, while coordinating the overall care of each assigned individual head of the household and their family members. This role requires the ability to assess members' individual and family needs as well as maintaining support for all members of the household not limited to linkage to the available services and resources. This role requires facilitating member/client services. Particularly ensuring better member and family outcomes, better compliance with sound advice, and better member self-management. This role is responsible for the wellbeing of every member and their families residing in their household, and further includes guidance through the processes and regulations related to their individual and family cases while adhering to typical duties.

Essential Duties and Responsibilities

- Meet with head of household and household members in-office at a minimum of once per month
- Provide direct services to 20-30 families participating in the program; engage and motivate families to participate in services, coach families in selecting relevant trainings and support groups; remove barriers, support relocation efforts, and distribute emergency financial support funds etc.
- Work with families to develop a Career Mobility Action Plan with clearly defined goals and action plans to achieve those goals over time. The action plan must include career, family, individual, education, mental health, physical health, and financial goals.
- As a part of the Mobility Action Plan created by the program member, complete monthly progress notes, quarterly navigation plans, and record all notes of engagement to track the progress of goal attainment.
- Work with families to build strong protective factors to maintain stable program participation, meet their career mobility goals and enhance whole-family wellness.
- Complete case reviews and annual case presentations for all members assigned to the caseload
- Coordinating and facilitating member growth through assessment, evaluation, planning, and implementation
- Assess, plan, implement, monitor, and evaluate members step by step actions towards their full income growth potential while meeting their rent, finance, health, and overall human services need(s).
- Provide or coordinate care or planning that is safe, timely, effective, efficient, equitable, client centered, and client driven.
- Lead service team-wide events and/or groups at a minimum of once per quarter

- Complete FFT Case Management training and become an evidence-based service provider working with families participating in the program. Implementation and ongoing use of the FFT Case Management model for all assigned families is required.
- Work in partnership with other service providers engaged with the families, coordinate effective communications and ensure families have an empowering experience while participating in the program
- Maintain detailed clinical case notes and records for all assigned families participating in the program on a daily basis
- Manage discharge plans and follow-up services to include but not limited to, warm-handoffs, transfer summary completion, and any required program discharge documentation
- Provide pathways for program participants to achieve wellness, autonomy, and self-reliance through promotion of income growth opportunities, building social capital, increasing financial acumen, improving self-regulation, and improving mental health
- Assist and coach members in making informed decisions by acting as their advocate regarding their clinical status, treatment options, and navigation outcomes.
- Support external program matching needs by providing any necessary documentation and insights
- Abide by all performance standards stipulated by the funding entity.
- Support the cultivation of a supportive, compassionate, high-achieving, inclusive, and culturally affirming work environment.
- Must be able to personally identify with the lived experiences of our primary constituents and clients.

Qualifications

- Bachelor's degree in Clinical Mental Health Counseling, Counseling Psychology or equivalent preferred. Other relevant fields of social work, rehabilitation, public health, counseling, psychology etc. are acceptable. Education requirements can be substituted with a combination of lived experience and relevant work experience with the audience.
- A minimum of 2 years of proven work experience in Case Management preferably Level III experience; including Mental Health Care Manager, or related job
- Excellent knowledge of case management principles (Full support to include, Finance, Career, Housing, Mental, Physical, Emotional, and more)
- Previous experience with psychological aspects of care
- Strong working knowledge of Microsoft Teams, Word, Excel, PowerPoint, and Outlook
- Excellent organizational and time management skills
- Ability to be adaptable and effectively work as part of a Service Coordination Team
- Problem solving skills and ability to multitask
- Must be a legal resident or authorized to work in the United States
- Must successfully complete a criminal background investigation
- Must be detail-oriented and possess organization and critical thinking skills
- Individuals with certifications from the Commission for Case Manager Certification (CCMC) and the American Nurses Credentialing Center (ANCC) or any related current license, certification, or registration preferred
- Apricot, HMIS, Quickbase, CSS and CATCH systems experience preferred
- 5 years of experience working in a similar capacity, ideally in homeless services. Education requirements can be substituted with a combination of lived experience and relevant work with the audience.
- Strong working knowledge of homeless programs, case management services for vulnerable populations, such as individuals and families at risk of homelessness
- Strong verbal and written communication skills; coaching and facilitating skills preferred

Working Conditions

The employee will be working in a normal office environment and may meet with program participants in the community when needed. No home visits required.

Physical Requirements

While performing the duties of this job, the employee will frequently sit, stand, walk and reach. May need to lift files or packages periodically.

Other Duties

This job description is intended to describe the general nature and work performed by employees, but is not a complete list of activities, duties or responsibilities required of personnel. Furthermore, other duties, responsibilities and activities may change or be assigned at the discretion of the employer.