POSITION TITLE: Support And Services At Home (SASH) Coordinator

LIMITED SERVICE – ONE YEAR

DEPARTMENT: Property and Asset Management

REPORTS TO: Director, Property and Asset Management

SUPERVISES: Volunteers

PURPOSE: Build trusting relationships with participants in SASH in order to develop a thorough knowledge of each SASH participant’s strengths and challenges as they pertain to remaining safely in his or her home. The SASH Coordinator convenes the on-site SASH team on a regular basis to coordinate care and services to meet the needs of SASH participants.

ESSENTIAL TASKS OF THE POSITION:

General:

1. Organizes informational meetings and materials for promoting and explaining the SASH model to residents and their family members/supports.
2. Thoroughly explain the Use and Disclosure Agreement and related documents to residents and their family members/supports.
3. Responsible for following all policies and protocols established for SASH as found in the SASH Operations Manual.
4. Develops and maintains a regular Community Healthy Living Plan (CHLP) calendar of wellness activities and events for participants.
5. Helps participants build support networks with other participants, friends, volunteers and family members.
6. Adheres to confidentiality guidelines and appropriately documents information releases.
7. Recruits, trains and supervises volunteers in the provision of activities and programs in the CHLP.
8. Escorts participants on field trips and outings.
9. Establishes and maintains good working relationships, on-going liaison with, and an in depth knowledge of the services available from community organizations including but not limited to the Agency on Aging, VNA/home health and hospice, local hospitals, nursing homes, senior centers, volunteer groups, etc.
10. Participates in community outreach and marketing activities regarding SASH.
11. Works independently and as part of the SASH team and the housing team to carry out job duties.
12. Communicates in a positive and respectful manner with participants, community members, co-workers, volunteers, visitors and family members.
13. Perform related work as required or assigned.

By Intervention Category:

Specific roles and responsibilities of the SASH Coordinator fall into three broad categories of interventions that the SASH model combines and provides for SASH participants in a holistic and
person-centered manner. These three intervention categories are transitional care interventions, coordinated care interventions and self-management education interventions.

1. **Transitional Care Interventions**: The SASH Coordinator performs the following duties related to transitional care interventions through the SASH system:
   - Educates and informs SASH participants and family/support persons of the SASH Admitting and Discharge Planning Protocols;
   - Follows all designated SASH Coordinator duties outlined in the Admitting and Discharge Planning Protocols including:
     - coordinates and communicates with Discharge staff at off-site facility,
     - communicates with family members/caregivers, and makes visits to participant in hospital or rehab facility as appropriate,
     - updates SASH team on participant’s transition status and confirm services to be available upon discharge,
     - makes in-person visit to participant within 24-48 hours of return home to identify needs and review discharge instructions,
     - coordinates and plans for any needed and unmet services with SASH team;
     - Updates participant’s SASH health record and Healthy Living Plan (HLP).

2. **Self-Management Education Interventions**: The SASH Coordinator performs the following duties related to the self-education management interventions provided through the SASH system:
   - Develops the Community Healthy Living Plan (CHLP) in collaboration with the SASH team and revises the CHLP Action Plan every 6 months based on on-going assessment of the needs and opportunities of the participant community;
   - Identifies how best to offer CHLP services/programs for SASH participants (bring existing community-based programs on-site, assist participants to participate in off-site programs, design new programs);
   - Provides encouragement and “coaching” to help participants be focused and motivated on proper self-management of their chronic conditions;
   - As requested or agreed to by participants, provides reminders and/or daily check ins to promote self-management skills;
   - Organizes and coordinates on-site educational presentations on health and well-being topics based on the collective needs of the SASH participant population as outlined in the CHLP;
   - Coordinates and oversees volunteers (in collaboration with the Volunteer Coordinator if applicable) to support participants in meeting their HLP goals.

3. **Coordinated Care Interventions**: The SASH Coordinator performs the following duties related to the coordinated care interventions provided through the SASH system:
   - Arranges and schedules assessments of SASH participants to determine health and functional needs;
   - Conducts person-centered interviews with all SASH participants to understand their interests, needs, ideas, concerns and opinions;
   - Coordinates the development of Individual Healthy Living Plans (HLPs) in collaboration with the SASH team;
   - Meets with SASH participants to discuss, gather input and finalize HLPs;
• Coordinates and assists SASH participants with individual support needs and goals as identified in the HLP;
• Acts as key contact person on site for information sharing regarding SASH participants among the SASH team, Wellness Nurse, discharge planning staff from hospitals and rehab facilities, family members and volunteers;
• Convenes SASH team meetings- sets agenda, leads meetings and keeps (or delegates) summary notes following a structured team meeting format;
• Contributes information in the progress notes section of the SASH participant’s Health and Wellness Record;
• Communicates regularly and deliberately with SASH participants one on one and in groups to ensure consistent follow up and information sharing between SASH Coordinator, Wellness Nurse, SASH team and SASH participant;
• In communities where a Personal Care Attendant (PCA) is contracted for on-site services, the SASH Coordinator provides introductions to SASH participant and functional supervision to PCA in collaboration with Wellness Nurse and contracting agency; files PCA reports in the nurses office

ESSENTIAL POSITION REQUIREMENTS AND QUALIFICATIONS:

Education:

1. Bachelor Degree, preferably in Social Work or Gerontology, Psychology or Counseling.
2. Consideration will be given to individuals without a degree, but with appropriate work experience.

Experience:

1. Two to three years’ experience in social service delivery with senior citizens and non-elderly disabled. Supervisory or management experience desirable.
2. Training in the aging process, elder services, disability services, eligibility for and procedures of federal and applicable state entitlement programs, legal liability issues relating to providing service coordination, drug and alcohol use and abuse, and mental health issues.

Skills and Abilities:

1. Demonstrates a commitment to the mission and values of the SASH model and VSHA.
2. Protects the privacy and confidentiality of information related to participants, families, staff and general housing operations following HIPAA requirements.
3. Communicates a positive image about SASH to the community.
4. Adheres to all safety practices, rules and standards throughout the work day.
5. Demonstrates a commitment to quality and proactively seeks to make improvements to systems and processes.
6. Maintains a professional appearance that is appropriate for his/her position.
7. Demonstrates a commitment to integrity in work habits and use of SASH and VSHA resources.
8. SASH’s mission and operations require that an employee is prepared to perform duties as assigned that may be outside his/her principle responsibilities.

9. Knowledge of the laws affecting the elderly and disabled and available community resources and programs including social security, homemaker services, meals-on-wheels, visiting nurse, transportation, recreational and wellness, etc.

10. Knowledge and appreciation of the heritage, values and wisdom of each participant and a commitment to the philosophy of a person’s choice to age at home.

11. Strong interpersonal skills and ability to communicate effectively orally and in writing; must exercise a high degree of confidentiality, judgment, courtesy and tact; and establish and maintain effective working relationships with tenants/residents, employees, officials, agencies and the general public.

12. Organizational, time management, mathematical and writing skills necessary to maintain a large and varied workload, including writing reports and correspondence, maintaining computer data and files and effective record-keeping systems.

13. Ability to work independently.

14. Ability to utilize a variety of computer programs and electronic equipment.

**Essential Certifications/Registrations/Licenses**

1. Must possess a valid driver’s license, dependable private means of transportation, and carry liability insurance of at least $50,000.

**WORKING CONDITIONS/PHYSICAL DEMANDS:**

1. Limited Service position – one year grant, classified position.
2. Full-time position, flexible working schedule.
3. On-site field and office environment. Working involves walking, standing, climbing stairs and driving on a regular basis.
4. Must be able to lift/push up to 25 pounds.
5. Must be accepting of health conditions and behavior of participants.
6. Must be adaptable to working in an ever changing, high pressure work environment.
7. Must be in good general health and demonstrate emotional stability.
8. Must be able to lead participant field trips.
9. Must be able to report to work on time and adhere to VSHA work schedules, rules and regulations.

**EQUIPMENT USED:**

1. Variety of electronic equipment; i.e. computer, laptop, printers, phones and general office equipment.

**PAY CLASSIFICATION:** 8