



SASH Coordinator Job Description

Job Title: Support and Services at Home (SASH) Coordinator
Reports to: Executive Director, Windham & Windsor Housing Trust

Date: January 1, 2020
Location: Windsor, VT

I. Position Summary:

The primary function of the Support and Services at Home (SASH) Coordinator is to 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 living safely at home. The SASH Coordinator convenes the SASH team on a regular basis to coordinate care and services to meet the needs of SASH participants.

II. General SASH Coordinator Duties

- a. Organizes informational meetings and materials for promoting and explaining the SASH model to residents, community members, and their family members/supports.
- b. Thoroughly explain the Use and Disclosure Agreement and related documents to residents and their family members/supports
- c. Responsible for following all policies and protocols established for SASH as found in the SASH Operations Manual.
- d. Develops and maintains a regular Community Healthy Living Plan (CHLP) calendar of wellness activities and events for participants.
- e. Helps participants build support networks with other participants, friends, volunteers and family members.
- f. Adheres to confidentiality guidelines and appropriately documents information releases.
- g. Recruits, trains and supervises volunteers in the provision of activities and programs in the CHLP.
- h. 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.
- i. Participates in community outreach and marketing activities regarding SASH.
- j. Works independently and as part of the SASH team and the housing team to carry out job duties.
- k. Communicates in a positive and respectful manner with participants, community members, co-workers, partner agency staff, volunteers, visitors and family members.
- l. Completes essential trainings as determined by the SASH program and in collaboration with the DRHO manager and the WWHT supervisor.

III. Principal Responsibilities 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:

- Educates and informs SASH participants and family/support persons of the SASH Admitting and Discharge Planning Protocols; and
- 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; and
 - Updates participant's SASH health record and Healthy Living Plan (HLP).

2. Self-Management Education Interventions:

- Develops the Community Healthy Living Plan (CHLP) in collaboration with the SASH team and revises the CHLP Action Plan every 6 months based on ongoing assessment of the needs and opportunities of the participant community;
- Identifies how best to offer CHLP services/programs for SASH participants (e.g., 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 keep 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; and
- Coordinates and oversees volunteers (in collaboration with the Volunteer Coordinator if applicable) to support participants in meeting their HLP goals.

3. Coordinated Care Interventions:

- 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 & Wellness Record;
- Communicates regularly and deliberately with SASH participants one on one and in groups to ensure consistent follow-up and information sharing among the SASH Coordinator, Wellness Nurse, SASH team and SASH participant;

- In communities where a Personal Care Attendant (PCA) is contracted for on-site services, provides introductions to SASH participants and functional supervision to PCA in collaboration with Wellness Nurse and contracting agency; files PCA reports in the nurse's office.
- Ensures participant information is documented in the One Care CareNavigator system for access to shared plans of care by members of the care team.
- Participates on an ongoing basis in the Community Health teams, the PATCH Team, the Windsor HSA Community Collaborative, and is a member of the following teams: Blueprint for Health, One Care Core Leadership, Regional Falls Prevention, and Regional Community Health Improvement Workgroup for Senior Health.

IV. SASH Standards of Conduct:

- Demonstrates a commitment to the mission and values of SASH and the employing agency, WWHT.
- Demonstrates respectful and effective communication with co-workers, participants, families and vendors.
- Protects the privacy and confidentiality of information related to participants, families, staff and general housing operations following HIPAA requirements.
- Communicates a positive image about SASH to the community.
- Adheres to all safety practices, rules and standards throughout the work day.
- Demonstrates a commitment to quality and proactively seeks to make improvements to systems and processes.
- Maintains a professional appearance that is appropriate for his/her position.
- Reports to work on time, provides advance notice for time off, completes timesheets accurately and appropriately manages CTO time.
- Demonstrates a commitment to integrity in work habits and use of SASH and employing agency resources.
- SASH's mission and operations require that an employee is prepared to perform duties as assigned that may be outside his/her principle responsibilities.
- Attends WWHT staff meetings, essential trainings and events.
- Adheres to the policies and procedures of the contracted property manager and maintains collaborative relationships with the site staff.

V. Minimum Qualifications:

Must possess a bachelor's degree in social work or equivalent combination of background and experience. Previous experience coordinating services specifically for the older adults and/or people with disabilities is preferred. Knowledge of area resources and programs available to older adults and people with disabilities (e.g., transportation, health services, recreational and wellness activities) is strongly preferred. Demonstrated excellence in verbal and written communication is required. Must have knowledge of and an appreciation for the heritage, values, and wisdom of each participant and a commitment to the philosophy of a person's choice to age at home. Must possess a valid driver's license. A working knowledge of Microsoft Word, Access, Outlook and Publisher, and experience with computer software and statistical databases in general, are highly desirable.

VI. Working Conditions and Physical Demands

- Must be able to lift/push up to 25 pounds.
- Must be accepting of health conditions and behavior of participants.
- Must be adaptable to working in an ever-changing, high-pressure work environment.
- Must be in good general health, demonstrate emotional stability and able to lead field trips for participants.

