

<b>Job Title</b>	Case Manager
<b>Employer/ Agency</b>	The Women’s Home
<b>Job Description</b>	<p>The Case Manager works with multi-disciplinary team in assisting dually diagnosed women to achieve self-sufficiency focused on the WholeLife model. This person is responsible for helping clients obtain and utilize services in the community, maintaining written records of clients’ progress, communicating team decisions to the client, and providing necessary follow-up in a timely manner.</p> <p>Direct Care Responsibilities:</p> <ul style="list-style-type: none"> <li>A. Provides comprehensive case management services to clients.</li> <li>B. Identify and maintain partnerships with outside partners.</li> <li>C. Provides letters of residency for the Harris County Hospital District health card [“gold card”] for all clients who reside at the Main Residence.</li> <li>D. Provides letters of residency for assigned clients to outside agencies as needed.</li> <li>E. Prepares, with client, the Initial Individual Rehabilitation Plan (IRP’s) and the subsequent review plan for staffing with the multidisciplinary team.</li> <li>F. Reviews progress with clients on a regular basis. Assists clients in updating IRPs at 30, 60, and 90 days, then at 3-month intervals.</li> <li>G. Works collaboratively with the clinical team, and employment specialist to provide comprehensive services to client.</li> <li>H. Interfaces with staff in outside agencies, family members, and other professionals both verbally and in writing, to facilitate assigned clients’ progress in The Women’s Home Program.</li> <li>I. Participates in clinical team meetings at least weekly. Provides update on clients’ clinical and medical status as needed. Follows up with assigned clients in regard to team decisions.</li> <li>J. Maintains record of assigned clients’ non-compliance reports, and schedules disciplinary review panels and concern meetings as needed.</li> <li>K. Maintains updated record of activities and Progress Notes in clients’ medical files. Completes discharge summary on assigned clients within one week of their discharge</li> <li>L. Coordinates with Nurse practitioner and other outside consultants (e.g. Montrose Counseling, Houston Area Women Center, etc. in facilitating services for medical, legal, fiscal, health, and social concerns).</li> <li>M. Attends and participates in quarterly Awards Banquet.</li> <li>N. Acts as liaison for crisis situations at 811 Life Learning Center.</li> <li>O. Actively maintain knowledge of community resources, which includes attending training and conferences held in the social services field.</li> <li>P. Work with criminal justice system as necessary to facilitate continuity of services.</li> <li>Q. Provides case management support on all TWH campuses as needed.</li> </ul> <p>Other Responsibilities:</p> <ul style="list-style-type: none"> <li>A. Facilitates 1-2 goal groups (meets with one group each week).</li> <li>B. Accompanies clients to clinic appointments, the hospital, and other appointments as needed. (This may entail driving client in agency vehicle).</li> <li>C. Other duties assigned as needed for optimal client care.</li> </ul>

<b>Qualifications</b>	B.A. degree in psychology, social work, or related field.B.3-5 years relevant work experience Valid Texas driver's license. Knowledge of community resources in the Houston area, including the Harris County Hospital District and MHMRA systems, preferred. Experience working with a multi-disciplinary team preferred.
<b>Salary/Hours</b>	Exempt \$38k-\$44k depending on experience
<b>Address</b>	811 Westheimer Road
<b>City, State, Zip</b>	Houston TX 77006
<b>Contact Person</b>	Efrain Gonzalez, M.A., L.P.C., Manager of Clinical Services
<b>Telephone Number</b>	713-521-3150
<b>Application Method</b>	The Women's Home website, under Careers and Internships
<b>Opening Date</b>	Immediately

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