



Care Coordinator Job Description

El Sol Neighborhood Educational Center is a nonprofit organization in Southern California devoted to empowering our communities to lead healthy lives & access to health care; safe, affordable housing; opportunities for education; and the leadership skills to eliminate disparities. El Sol NEC's mission is for community members to reach personal empowerment to move towards self-sufficiency and contribute to their community's well-being.

The Care Coordinator/Housing Coordinator at El Sol Neighborhood Educational Center plays a critical role in supporting members by providing compassionate, effective care coordination, connecting them to essential services, and facilitating access to social support. This position is responsible for managing a caseload of primarily low-risk (Tier 3) members, conducting telephonic outreach, scheduling appointments, and making referrals. The Care Coordinator collaborates closely with the Care Team to support members' physical and behavioral health needs and improve health outcomes.

Positions available: N/A

Salary range: \$49,920 - \$53,993 yr. / \$24.00 - \$25.96 hr.

Benefits: Vacation, sick, and holidays (according to El Sol NEC policies)

Travel: 10 – 20%

Employment: Full-Time, Non-exempt

Classification: In-Office

Schedule: Days (M – F, 8:00am – 4:30pm, and occasional weekends as required)

Department: Programs

Reports to: RN Care Manager

Job Level: B2

Minimum requirements:

- 1+ years of related/equivalent experience in a healthcare, social services, specialist, coordinator role w/BA or 3+ years of related/equivalent experience in specialist/coordinator with some college; 30-60 units.
- Bilingual (Spanish/ English; speak and write) preferred.
- Receive clearance from an FBI background check (Custodian of Records for DOJ).

Qualifications:

- Strong interpersonal skills, with the ability to build trust and motivate members.
- Proven ability to multitask, prioritize tasks, and manage time effectively.
- Attention to detail and accuracy in data entry and document management.
- Capable of working/ understanding the needs of a multicultural environment.
- Strong work ethics, maintaining a professional appearance, and exercising discretion with sensitive information.
- Ability to work in a fast-paced environment, handle interruptions, and adapt to changing priorities.
- Knowledge of peer health promotion programs and experience in public health and healthcare preferred.



- Experience in the field of minority health, particularly in the United States
- Familiarity with health care provider organizations.
- Knowledge of local social services and resources available to support members' health and social needs.
- Experience in health education programs, implementation, and management.
- Familiarity with motivational interviewing techniques.
- Understand the community served and to be connected to the community.
- Ability to perform tasks related to physical activity to include sitting, standing, for long periods of time, caring, bending, moving, and lifting up to 50 lbs.

Responsibilities:

- Provide members with comprehensive care coordination, including appointment scheduling, referral management, and connection to community resources and social support.
- Monitor and manage the targeted engagement list (TEL) and ensure accurate tracking and timely follow-up for members requiring engagement.
- Primarily work with a low-risk caseload, conducting periodic telephonic outreach and follow-up as outlined in each Member's Shared Care Plan.
- Support the RN Care Manager, Behavioral Health (BH) Care Coordinator, and Community Health Worker with delegated tasks, assisting with appointment scheduling and referrals for both physical and behavioral health care.
- Participate in weekly and ad hoc case reviews, consult with the RN Care Manager and/or BH Care Coordinator on any clinical actions and collaborate with other Care Team members on member care issues.
- Connect members with social services and support, utilizing motivational interviewing and relationship-based strategies to engage members in care.
- Coordinate arrangements for transportation, provide directions, and assist with completing durable medical equipment (DME) requests as needed.
- Assign members to the appropriate Care Team members based on risk category, available clinical data, and engagement needs.
- Coordinate care for members in accessible settings, including their home, a provider office, or another community-based setting, within county guidelines.
- Performs other duties as assigned.

Application Process:

If you would like to apply to this role, please email your resume to: Humanresources@elsolnec.org

El Sol Neighborhood Educational Center is an Equal Opportunity Employer. We prohibit discrimination and harassment of any kind based on race, color, sex, religion, sexual orientation, national origin, disability, genetic information, pregnancy, or any other protected characteristic as outlined by federal, state, or local laws.