<table>
<thead>
<tr>
<th>Job Title</th>
<th>LCSW SOCIAL WORKER III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer/ Agency</td>
<td>Memorial Hermann Health System</td>
</tr>
<tr>
<td>Job Description</td>
<td>The Social Worker intervenes with patients who have complex psychosocial needs, require assistance with eligibility determination for social programs and funding sources and qualify for community assistance from a variety of special funds and agencies. In addition, offer crisis intervention to patients and families with psychosocial needs and coordinates and facilitates the development of a discharge plan of care for high-risk patient populations. This role will receive referrals for individuals from at-risk populations from interdisciplinary team members (including physicians, Case Managers, staff nurses and other members of the care team). Must be able to demonstrate knowledge and skills necessary to provide care appropriate to the patient served. Must demonstrate knowledge of the principles of growth and development as it relates to the different life cycles. Specific age groups that are served by this position are circled. Neonate Infant Pediatric Adolescent Adult Adult/Geriatric</td>
</tr>
<tr>
<td></td>
<td>OTHER POSITION QUALIFICATIONS</td>
</tr>
<tr>
<td></td>
<td>Strong interview, assessment, organizational and problem solving skills. Ability to identify appropriate community resources on assigned caseload and to work collaboratively with patients, families, multidisciplinary team and community agencies to achieve desired patient outcomes.</td>
</tr>
<tr>
<td></td>
<td>Possesses excellent interpersonal communication and negotiation skills in interactions with patients, families, physicians and health care team colleagues. Strong analytical and PC skills. Exposure and/or experience in pre-acute and post-acute care, as well as community resources. Ability to work independently as well as to develop collaborative relationships with physicians, families, patients, interdisciplinary team and other community agencies. Excellent communication and negotiation skills. Ability to analyze, develop and manage change; to integrate CQI principles for service and organization work improvements.</td>
</tr>
<tr>
<td></td>
<td>Ability to work with people of all social, economic, and cultural backgrounds; be flexible, open-minded and adaptable to change. Demonstrates the ability to connect patients and families with necessary services, both inside and outside the MHHS network. Maintains a current working knowledge of services available in the local community, particularly services available to patients with limited or non-existent payment resources. Must demonstrate patience and tact when dealing with patients, families and other staff.</td>
</tr>
<tr>
<td></td>
<td>Demonstrates commitment to the Partners-in-Caring process by integrating our culture in all internal and external customer interactions; delivers on our brand promise of &quot;we advance health&quot; through innovation, accountability, empowerment, collaboration, compassion and results while ensuring one Memorial Hermann.</td>
</tr>
</tbody>
</table>
PRINCIPAL ACCOUNTABILITIES:

1. Psychosocial Assessment and Interventions
   - On the basis of preliminary risk screening, assesses patient's and family's psychosocial risk factors through evaluation of prior functioning levels, appropriateness and adequacy of support systems, reaction to illness and ability to cope.
   - Intervenes with patients and families regarding emotional, social, and financial consequences of illness and/or disability; accesses and mobilizes family/community resources to meet identified needs.
   - Provides intervention in cases involving child abuse/neglect, domestic violence, elderly abuse, institutional abuse and sexual assault.
   - Serves as a resource person and provides counseling and intervention related to treatment decisions and end-of-life issues.
   - Advocates for patient and family empowerment and independence to make autonomous health care decisions and access needed services within the health care system.

2. Complex Discharge Planning
   - Participates in discharge planning activities for complex patients, in order to ensure a timely discharge and to provide appropriate linkage with post-discharge care providers.
   - Deals with families exhibiting complex family dynamics that impact directly on patient care and discharge.
   - Communicates with care coordinators regarding the discharge planning status of all patients referred by them.
   - Assists Case Managers with discharge planning activities as requested.
   - Provides consultation to Case Managers when coordination with significant or intensive community resources is necessary to achieve desired treatment outcomes.
   - Receives referrals for complex patient problem resolution from Case Managers or care team members.
   - Screens and coordinates all new SNF and Rehab facility referrals. Referrals will be made to the Resource Center for determination of bed availability both in and out of local area. Informs Resource Center regarding trends and issues related to SNF and Rehab facility quality of care. When necessary, makes recommendations regarding facilities to be removed from the hospital's referral resources catalogue.
   - Validates discharge criteria for patient and families and notifies Case Managers of newly-identified resources or change in previously-identified resources.
   - Educates patient/family and physician regarding post-acute options and addresses issues of choice.

3. Patient and Family Support in Legally Complex Cases
   - Provides intervention in child abuse/neglect, domestic violence, guardianship (temporary/ permanent), foster care, adoption, mental health placement, advance directives, adult/elderly abuse, child protection and sexual assault.

4. Ensures safe care to patients adhering to policies, procedures, and standards, within budgetary specifications, including time management, supply management, productivity, and accuracy of practice.
5. Promotes individual professional growth and development by meeting requirements for mandatory/continuing education, skills competency, supports department-based goals which contribute to the success of the organization; serves as preceptor, mentor, and resource to less experienced staff.

6. Provides direct supervision of baccalaureate social workers, and MSWs with less than 3 years of hospital experience. Provides mentorship to all levels of social work in current social trends and practice.

7. Serves as faculty to the Schools of Social Work to provide education and training sites. Provides direct supervision to all on campus social work students.

**Qualifications**

**MINIMUM QUALIFICATIONS:**

**EDUCATION AND EXPERIENCE**  
- LCSW required  
- MSW and certification as a clinical social worker  
- Licensure in the state of Texas required  
- LCSW and three or more years hospital social work or protective services experience  
- Working knowledge/experience in utilization management, managed care, and payor issues  
- Experience in psychosocial and therapeutic counseling

**Salary/Hours**  
59k-74k – Business Hours

**Employer/Agency**  
Memorial Hermann Health System

**Address**  
Locations within Memorial Hermann Health System

**City, State, Zip**  
Houston, TX, 77024

**Contact Person**  
Jessica Johnson

**Contact Title**  
Recruitment Consultant

**Telephone Number**  
713-338-4977

**Fax Number**  
713-338-5600

**Email Address**  
Jessica.Johnson4@memorialhermann.org

**Application Method**  
http://www.memorialhermann.org/careers/ - search for requisition # 100034806 and apply

**Opening Date**  
1/9/15

To post a job opportunity or if your response to this job posting results in successful employment, please email the GCSW Office of Alumni and Career Services at mswjobs@central.uh.edu with the hiring details of your new job opportunity. Thank you.