SUMMARY: Counsel, aide and provide assistance to residents dealing with substance abuse problems such as alcohol or drug abuse.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following. Other duties may be assigned.

- Under the direction of the Clinical Director, determine the services needs of residents in order to provide appropriate treatment.
- Implement and monitor individualized service plans to a specialized caseload of individuals with past or active histories of substance abuse. This will be done in conjunction with the resident's primary case manager.
- Initiate referrals for appropriate services and participate in liaison role with service providers.
- Function as a resident advocate to ensure receipt of required services.
- Provide individual and group counseling to resident caseload -- i.e., substance abuse, relationships with family and loved ones, consequences of chronic drug abuse.
- Document all contact and referral activity in the resident records.
- Establish a working relationship with DASIS case management staff to ensure quality resident care.
- Attend all mandated meetings, conferences and in-service training.
- Participates in ongoing evaluation process to assess direct service activities for program modification, future planning, and to assist in the preparation of required reports.
- Responsible for case conference presentations and coordinating services provided to residents by other staff.
- Work with resident's family and significant others as needed to provide support for treatment.

QUALIFICATIONS: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. Bachelor's Degree preferred with five (5)
years experience. Knowledge of HIV/AIDS. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**NOTE:** This job description reflects management’s assignment of essential and secondary functions. It does not prescribe or restrict the tasks that may be assigned. Tasks are subject to change at any time due to reasonable accommodation or other reasons.

My signature below indicates that I have reviewed and discussed the job description with my Supervisor.

___________________________  ____________________  ________
EMPLOYEE  SUPERVISOR  DATE