

**LIFE MANAGEMENT CENTER OF NORTHWEST FLORIDA, INC.
JOB DESCRIPTION**

DATE ESTABLISHED 07/01/08
DATE LAST AMENDED 10/29/20

TITLE OF POSITION: Program Director Access and Crisis Services

POSITION NUMBER: 41-06

PROGRAM: Crisis Services and Access Center

MINIMUM TRAINING AND EXPERIENCE REQUIREMENTS:

This position requires a minimum of a Master's or Doctorate degree in a mental health discipline with Florida licensure as a mental health professional under Chapter 490 or 491 or a Master's degree in psychiatric nursing and licensure in Florida as a registered nurse with national certification as a psychiatric nurse practitioner. Five years of post-degree mental health services experience to include at least one year of supervisory experience plus at least 2 years of experience within an inpatient psychiatric facility is required. Non-violent crisis intervention training required.

Compliance with minimum standards for screening of mental health personnel as contained in Florida Statute 394.4572.

SUPERVISOR: President & Chief Executive Officer

POSITIONS SUPERVISED: Crisis and Mobile Response Component Directors; Crisis Inpatient Services and Access/Admission Center Office Managers

SALARY: Dependent upon degree, training and experience.

WAGE AND HOUR STATUS: Exempt: (Executive)

DESCRIPTION OF DUTIES AND RESPONSIBILITIES¹:

ESSENTIAL FUNCTIONS (Essential functions of this position are listed below. The position also includes additional functions as needed and/or assigned by supervisor.)

1. Insure that the program operates in accordance with: (a) policies and procedures of the Life Management Center of Northwest Florida, Inc., (b) contract provisions, (c) legal rules and regulations, (d) licensure and accreditation requirements, and (e) ethical and professional standards.
2. As a member of the Senior Management Team, collaborate with the President/Chief Executive Officer and other Senior Management Program Directors to formulate and achieve the Center's objectives.
3. Plan and coordinate operations for a psychiatric inpatient program to include 24/7 crisis/emergency services and inpatient treatment services. In addition, manage routine

¹ Expectations regarding quality and quantity of work are further delineated in the criteria-based performance appraisal.

admission and behavioral health evaluation services for referrals to outpatient treatment. Organize staff to most effectively subdivide the work of the program and assign responsibility and delegate authority as necessary to accomplish this work. Provide after-hour staff consultation as needed.

4. Supervise and develop program staff. Initiate hiring, firing, and personnel disciplinary processes as necessary.
5. Construct program budgets and achieve program fiscal objectives. Coordinate with funding entities to include commercial insurance, managed care contracts, and other subcontracted revenue sources.
6. Respond to the behavioral health needs of persons in our community through the development of new services and programs and securement of new service contracts or grants.
7. Establish proper liaison with other agencies and community groups to further the objectives of the program and the Center.

Physical Requirements:

Activity	Expectation			
Standing	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Frequent	<input type="checkbox"/> None
Sitting	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Frequent	<input type="checkbox"/> None
Driving vehicles	<input checked="" type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Frequent	<input type="checkbox"/> None
Lifting and/or Carrying	<input checked="" type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Frequent	<input type="checkbox"/> None
Bending and/or Stooping	<input checked="" type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Frequent	<input type="checkbox"/> None
Climbing Stairs and/or Ladders	<input checked="" type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Frequent	<input type="checkbox"/> None
Walking or Moving (between offices, other facilities, etc.)	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Frequent	<input type="checkbox"/> None
Other (lift above waist/reaching etc., please explain)	<input checked="" type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Frequent	

- Speaking: Yes No
- Hearing: Yes No
- Reading Comprehension: Yes No
- Repetitive motion with hands, wrists, arms (e.g. keyboard, typing, handwriting, etc.): Yes No

Ability to lift and carry up to 15 pounds.

Ability to handle stressful situations: Minimal Moderate Frequent

	Infrequent	Occasional	Frequent	N/A*
Travel Same Day	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel Overnight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime (Non-Exempt only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Holidays/Weekends	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shift Work (PMs/Midnights)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Not Anticipated

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. ADA Accommodations will be reviewed for persons with disabilities. We reserve the right to assess undue hardship that results from the provided accommodation and may need to rescind such reasonable accommodation if undue hardship results.

Copy received by:

_____ **Date** _____
Employee

_____ **Date** _____
Supervisor