

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

DATE ESTABLISHED: 02/25/2021

DATE REVISED: 10/15/2021

DATE REVIEWED: 10/15/2021

DATE APPROVED:10/18/2021

**TITLE OF POSITION:** State Mental Facility Care Coordinator

**POSITION NUMBER:** CM-41

**PROGRAM:** Adult Services

**Minimum Requirements:** Bachelor's degree from an accredited university or college with a major in counseling, social work, psychology, criminal justice, nursing, rehabilitation, special education, health education, or a related human services field, (a "human services" related discipline is one in which major course work includes the study of human behavior and development), AND a minimum of one year of full time or equivalent behavioral health care experience working with adults. Complete required trainings and testing to earn and to keep certification status as a Targeted Mental Health Case Manager through the Florida Board of Certification within the time-frame required by the State of Florida. Valid drivers' license required.

Compliance with minimum standards for screening of mental health personnel as contained in F.S. 394.4572.

**SUPERVISOR:** Forensics Component Director

**POSITIONS SUPERVISED:** None

**WAGE AND HOUR STATUS:** Non-exempt

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**DESCRIPTION OF DUTIES AND RESPONSIBILITIES: \***

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

1. Assist individuals who are awaiting placement or who are currently receiving treatment in, or are discharge ready from a DCF designated state mental health facility.
2. Monitor progress; participate in placement and discharge planning; and complete referrals to enable access to medical, social, educational and other services to facilitate transition between DCF facilities and the community.
3. Coordinate treatment and support services.
4. Provide support through assessment, monitoring, linkage, coordination, referral and advocacy.

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

5. Provide an explanation within the behavioral health assessment the circumstances that prompted services and considers information from the client, family and significant others and collateral resources to include current and past treatment records.
6. Assess needs for physical health and mental health needs, abstinence from substance use and effectiveness of current/past services & interventions.
7. Assess relationships with environmental supports including natural support system and family relationships.
8. Assess personal current and potential strengths.
9. Assess emotional, social, behavioral and developmental functioning and needs within the home, school, work place and community.
10. Conduct a home visit within 30 days of Case Management Certification and assess the safety and wellbeing of the client.
11. Assure that the case management assessment is current and updated every six months and at significant life event junctures.
12. Clearly formulate the basis for the service plan.
13. Develop a service plan that clearly relates to the service assessment. Each area of identified need that is discussed in the assessment shall be addressed in the plan and all plan service need areas are to be discussed in the assessment.
14. Assure that the service plan is developed in partnership with the client, parent/guardian/ legal custodian (if applicable), service providers and other significant to the implementation of the plan.
15. Assure and document that the client, parent/guardian/ legal custodian (if applicable) receives service plan.
16. Specify objectives that are measurable and outline the strategy (intervention for how the goals will be achieved) including activities of the case manager, client and family members
17. Specify time frame for achievement of service plan components and the name of the individual or agency responsible for providing the specific assistance or services.
18. Review/revise service plan every 6 months or at significant life junctures and provide comments on the status of each service plan component.
19. Express justifications for purchase of service with state funding (e.g., SAMH, TANF) with specific explanation as to why the expenditure is needed to meet service plan goals and objectives.
20. Provide individualized case management services based on the service plan and identify SNAP (Strengths, Needs, Abilities, Preferences).
21. Assure that service goals/objectives clearly justify expenditures made with state funding, (e.g., payment of utility bill, purchase of clothing).
22. Ensure implementation of the service plan through a variety of monitoring, planning, advocating, and assessing activities designed to procure specified services, treatment and resources for the client.
23. Monitor service plan goals and objectives and determines if any changes/updates are needed to the service plan.
24. Provide supportive services to include working with the client's natural support system to develop and implement the service plan.
25. Conduct discharge planning with the client (and involves significant others when available and appropriate).
26. Conduct monitoring as required by Medicaid Manual. Work closely with the individual, family or support system, and local providers to locate appropriate community placements and arrange for needed aftercare services for individuals determined appropriate for discharge.

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Intervene when necessary to resolve issues among stakeholders to ensure the process moves forward in a timely manner.

27. Establish rapport with clients and families to foster engagement and develop a therapeutic relationship.
28. Adapt evidence-based practice to the individual needs of the client (EBPs include, but not limited to, Motivational Interviewing).
29. Assess for risk and protective factors.
30. Recognize and respond to high risk factors including suicidal and homicidal ideation
31. Recognize, respond to and defuse volatile or dangerous situations.
32. Seek supervision and consultation as needed in regard to safety management.
33. Recognize and manage transfers/hand-offs and other critical points in treatment (critical risk points include but are not limited to: initial contact; change or transfer of care; change in legal status; change in life events; change in mental status; change in physical condition; change to a less restrictive level of care; discharge from services).

**Physical & Other Requirements:**

Activity	Expectation		
Standing	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
<input checked="" type="checkbox"/> Sitting	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
<input checked="" type="checkbox"/> Driving vehicles	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Lifting and/or Carrying	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Bending and/or Stooping	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Climbing Stairs and/or Ladders	<input checked="" type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Walking or Moving (between offices, other facilities, etc.)	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Other (lift above waist/reaching etc., please explain) Filing charts	<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 **10** pounds.  
 Ability to handle stressful situations:  Minimal  Moderate  Frequent

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

**Copy received by:**

**Date** \_\_\_\_\_

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