



Job Title: BEHAVIORAL HEALTH THERAPIST

Department(s): Provider

Position Summary: Provides psychological assessment, diagnosis and non-pharmacological treatment to patients of all ages with a wide range of mental health conditions. Works with the Medical Director and a health care team including MDs, NPs, RNs, PAs, CNMs, and MAs. Independent responsibility and accountability in decision-making.

Supervision Received: NHS Medical Director

Supervision Exercised: None

Hours/Week 16-24 Full-Time Part-Time Exempt Non-Exempt
FLSA Definition:

ESSENTIAL FUNCTIONS:

- Assesses and diagnose patients utilizing specialized knowledge, skills and assessment tools
- Develops patient care/treatment plans based on defined area of clinical expertise, risk and overall patient care complexity
- Identifies desired patient outcomes, evaluates and monitor patient's outcome and response to care
- Plans, implements and conduct patient/family education, as appropriate
- Documents patient care in the clinical record, communicating significant changes in patient status and treatment goals
- Assists providers/patients with acute mental health needs outside of scheduled appointments, when needed, consistent with current integrated behavioral health models.
- Consults with supervisory, care team and consultants, as needed and required
- Contributes to the efficiency and effectiveness by participating as an active member of the patient care team
- Participates in QI and quality assurance activities in clinical care areas

CORE REQUIREMENTS:

- Works collaboratively and respectfully with staff and others—individually and as part of a team—to achieve optimal efficiency, outcomes and morale
- Interacts in a culturally competent manner with individuals and groups from diverse backgrounds, including but not limited to: socio-economics, race and ethnicity, nationality and religion, both in-clinic and in the community
- Maintains excellent and punctual attendance

- Attends and actively participates in staff and departmental meetings
- Attends agency functions and meetings as relevant or required
- Works at any or all NHS clinics, as needed
- Uses computer daily including e-mail, word documents, spreadsheets, patient management system, electronic health record, and patient portal, as needed to carry out essential job functions
- Maintains any required licensure/certification
- Demonstrates commitment to agency mission and goals
- Abides by corporate compliance program, HIPAA regulations and other agency policies and procedures
- Participates daily in pre-visit planning and huddles (RN, Provider, Medical Assistant, Front Desk)
- Utilizes Patient Portal to access patient information and communicate with patients, as relevant
- Plans, organizes, and multitasks
- Speaks, understands, reads and writes English sufficiently to carry out all essential duties
- Performs other duties as assigned

QUALIFICATIONS:

- Current Minnesota license as an LICSW or LP
- Doctorate in Clinical Psychology or Masters in Social Work required (Medicare billing requirement)
- Minimum of two years' direct patient care; experience in a primary care setting preferred
- Demonstrated competence in independent clinical practice
- Team care model experience, patient-centered care philosophy, experience in providing care in multicultural practice setting preferred
- Proficient in use of computer hardware and software to document clinical care, and in use of Microsoft office applications
- Knowledge of:
 - assessment, planning, implementation and care coordination in mental health
 - standards for care/treatment plan development
 - patient rights principles
- Skill in:
 - diagnosing patient conditions
 - interpreting findings from clinical evaluation and diagnostic tests
 - risk assessment and intervention

Attachments

- Physical and Mental Requirements
- Work Environment

Employee Signature: _____

Date: ___/___/___

Job Title: Behavioral Health Therapist

WORKING ENVIRONMENT

The OSHA category for this position is:

<input type="checkbox"/>	Category I – High risk for exposure to blood or body fluids.
<input type="checkbox"/>	Category II – Moderate risk for exposure to blood or body fluids.
<input checked="" type="checkbox"/>	Category III – Low risk for exposure to blood or body fluids.

On the job, the employee may encounter:

<input type="checkbox"/>	Chemical/Biological Agent		Noise level:
<input type="checkbox"/>	Contact with water/liquids	<input checked="" type="checkbox"/>	low
<input checked="" type="checkbox"/>	Confined spaces	<input type="checkbox"/>	moderate
<input type="checkbox"/>	Temperature variations (outdoors)	<input type="checkbox"/>	loud/noisy
<input type="checkbox"/>		<input type="checkbox"/>	

SPECIAL CONDITIONS OF EMPLOYMENT

Explanation:

<input type="checkbox"/>	Occasional weekday evenings required	
<input type="checkbox"/>	Occasional weekend days required	
<input type="checkbox"/>	Occasional overtime required	
<input checked="" type="checkbox"/>	Professional license/certification req'd	LP or LICSW in Minnesota
<input checked="" type="checkbox"/>	Current CPR certification required	

Minimum level of education:

<input type="checkbox"/>	High school diploma/GED	<input checked="" type="checkbox"/>	Masters Degree: <u>Social Work</u> OR
<input type="checkbox"/>	Associates Degree	<input checked="" type="checkbox"/>	Other: PhD in Clinical Psych or Social Work
<input type="checkbox"/>	Bachelors Degree: _____	<input type="checkbox"/>	Medical Degree:

Travel:

<input checked="" type="checkbox"/>	Occasional travel between clinics	<input checked="" type="checkbox"/>	Vehicle, drivers license and insurance req'd
<input type="checkbox"/>	Frequent travel between clinics	<input type="checkbox"/>	Occasional work outdoors
<input type="checkbox"/>	Occasional or frequent other local travel	<input type="checkbox"/>	Frequent work outdoors

I certify that I am aware of the Working Environment for this position and I agree to that I am able to fulfill all Special Conditions of Employment.

Name (Print)

Signature

Date

Job Title: Behavioral Health Therapist
PHYSICAL AND MENTAL REQUIREMENTS:

Requirement:	Rarely <15% of day	Occasional 15-39% of day	Frequent 40-74% of day	Continuous >75% of day	Requirement:	Rarely <15% of day	Occasional 15-39% of day	Frequent 40-74% of day	Continuous >75% of day
Bend	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision: Close/Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Squat/Crouch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision: Distance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision: Depth Perception	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Climb (stairs, ramps)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision: Color	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	View computer screen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hear: Using phone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hear: In person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speak (English): Using phone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speak (English): In person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lift/carry: up to 10 lbs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speak other language: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift/carry: 10-25 lbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read/comprehend (English)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lift/carry: 25-50 lbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read/comprehend other: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Write/type	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reach: Overhead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform calculations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach: Forward	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicate verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Handle objects	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reason and analyze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use fine finger dexterity (type, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have reviewed the required Physical and Mental requirements of my job and herein certify that I am able to perform all the duties described above.

Name (Print)

Signature

Date

OR

I have reviewed the required Physical and Mental requirements of this position and herein certify that I am able to perform all the duties described above with the following accommodation:

Name (Print)

Signature

Date