Position Description:

Mental Health Resource Center is seeking a **Peer Specialist - Suicide Prevention Team** in Jacksonville.

The Peer Specialist serves as a member of the Care Coordination Suicide Prevention team. This person has personal, practical knowledge and experiences as a recipient of mental health services and is willing to share these for the benefit of the team and the persons served by the Care Coordination Suicide Prevention team. As a member of the Suicide Prevention team, the peer specialist will work with individuals who have been hospitalized for suicidal attempts or suicidal ideation and assess individual's needs, coordinate a plan for rapid follow-up after discharge from emergency departments and inpatient psychiatric facilities. Establish follow-up and care transition protocols to help ensure patient safety, especially among high risk adults in health or behavioral health care settings who have attempted suicide or experienced a suicidal crisis, including those with serious mental illnesses and/or substance use disorder(s). Provides needed treatment, rehabilitation, and support services to individuals served by the Care Coordination Suicide Prevention team in order to prevent suicide. Promotes recovery, empowerment, self-determination and decision-making for each Care Coordination Suicide Prevention team participant.

The essential functions of the Peer Specialist- Suicide Prevention Team include, but are not limited to:

Provides treatment, rehabilitation, and support services in accordance with the Zero Suicide framework.

Field-Based - Frequent Driver Eligible:
A minimum of 75% of services provided to individuals served by the Care Coordination Suicide Prevention team are provided in the person's home and/or community environment as identified on the individual's recovery plan. These services include, but are not limited to: suicide screening, assessments, lethal means counseling, crisis assessment and intervention.

- Provide and facilitate peer support and other groups, such as Wellness Recovery Action Planning (WRAP).
- Completes assessments with consideration to diagnosis, needs, age and culture.
- Learns as much as possible about any trauma and domestic violence the individual may have experienced and how this impacts interacting with the individual.
- Provides treatment, rehabilitation, and support services as assigned.
- Provides direct services to persons served by the program on an individual, group and family basis.
- Provides service coordination for an assigned group of persons which includes contacts in accordance with the Zero Suicide framework.
- Participates in organizational meetings.
- Monitors and documents an individual's progress or lack of progress upon each visit and, where necessary, updates or reassesses the recovery plan in order to better assist the person served to accomplish their recovery goals.
- Completes initial assessments and provides ongoing assessments to include suicide assessments, substance abuse, living situation, support system, mental status, history, strengths and barriers, needs and resources, medical status, and medications.
- Outreaches to crisis stabilization units, inpatient psychiatric facilities, domestic violence shelters, and emergency departments to identify, engage, and enroll eligible recipients.

- Develops in conjunction with the individual served, family members, service providers and significant others, a care plan and/or treatment plan that utilizes individual strengths and addresses identified needs.
- Conducts suicide risks screenings on referred individuals.
- Provides comprehensive risk assessments and biopsychosocial assessments on eligible participants day of screenings.
- In partnership with individuals enrolled, creates a safety plan.
- Provides lethal means counseling to enrolled participants.
- Provides assertive contacts with enrolled participants based on suicide risks.
- Provide face to face contacts with recipients within 24 hours of missed appointments.
- Coordinate a transition of care plan including a process for a warm hand off for individuals who are ready to exit program.
- Ensure engagement in follow-up care.
- Facilitates stabilization of mental health symptoms through peer support, care coordination, assessment, and outreach.
- Facilitates case conferences and family conferences, as needed.
- Assesses and develops the individual's natural support system.
- Communicates the needs of persons served to the Care Coordination Suicide Prevention team.
- Assesses and monitors for risk, symptoms of trauma, and indications of abuse, neglect and/or abandonment. Uses appropriate reporting mechanisms.
- Acts as an advocate, assuring the rights of persons served.
- Provides peer counseling, support and mentoring to promote hope and empowerment.
- Provides expertise from a mental health consumer perspective to assist team members to better understand the person served.
- Assures the accuracy, completeness and confidentiality of clinical records.
- Documents or obtains documentation of past medical, psychiatric and social history for each person served by the program.
- Maintains current and comprehensive information in each record.
- Completes clinical records within established time. Ensures records are maintained according to MHRC policies and procedures and in accordance with contractual and licensing requirements.
- Develops and maintains the individual's recovery plan in coordination with other Care Coordination Suicide Prevention team members.
- Maintains administrative records and responsibilities.
- Maintains all records required for the completion of the monthly report.
- Completes monthly primary case manager's reports within scheduled time period.

Position Requirements:

In order to be considered, a candidate must have a High school diploma. Bachelor's degree is preferred. Previous personal experiences as a recipient of mental health services required. Experience working with persons with severe and persistent mental illness preferred.

Candidates must obtain, or work towards obtaining, certification as a peer specialist within one year of employment.

Proficiency in the RBHS/MHRC Electronic Health Records (EHR) and Patient Information System demonstrated within three months of employment.

Proficiency in Microsoft Office, Outlook and use of the Internet required.

Must meet Frequent Drivers requirements, including a valid Florida driver's license, and insurance coverage equal to or exceeding 50,000/100,000/50,000 split limits.

Strong communication skills are essential and this individual must be able to interact appropriately with internal and external customers, including patients, families, caregivers, community service providers, supervisory staff and other department professionals.

Position Details:

Full Time: Monday through Friday, 8:00am to 4:30pm (may work occasional evenings)

These full time positions offer a comprehensive benefits package.