VISTA MARIA
Position Description

TITLE: CHILD/ADOLESCENT PSYCHIATRIST

DIRECTLY REPORTS TO: Vice President of Treatment Programs

SUMMARY OF DUTIES: In accordance with the Agency’s mission statement, policies and procedures, professional Code of Ethics, State of Michigan licensing and COA standards; the CHILD/ADOLESCENT PSYCHIATRIST, in partnership with the Director of Residential Programs or Director of Community Programs, is responsible for the delivery of clinical aspects of the agency’s therapeutic programming. As C/A Psychiatrist, ensures the best therapeutic environment for their clients that incorporate initial comprehensive treatment plans and discharge planning at admission.

PRIMARY DUTIES AND RESPONSIBILITIES:

- Completes psychiatric evaluations for the mental health treatment programs, and other programs when possible, within seven (7) days of request and oversees client medication response.
- Completes medication reviews, at least on a monthly basis.
- Provides and/or ensures consultation for emergency calls outside of regularly scheduled work hours.
- Participates in multi-disciplinary Mental Health Program clinical meetings.
- Participates with utilization review to provide direction and support to clinical staff as well as direct services such as psychiatric assessments and medication management.
- Consults with Agency contracted physicians regarding psychotropic medication testing results to develop appropriate treatment and medication options.
- Completes accurate and timely documentation including ensuring quality psychiatric treatment records for securing third party reimbursements and cost control.
- Provides different modalities of evidence-based treatment specific to client’s psychiatric, educational, developmental and medical disorders.
- Prepares adequate client records in accordance with statutory licensing requirements, Agency's policies and procedures and specifications (record keeping, licensure, etc.) as required by all stakeholders, contractors and the Medical Services Administration for Medicaid billing.
- May participates in program evaluation, reengineering efforts and support new business program development.
- Leads educational in-service training sessions, as needed, to Agency staff.
- Stays informed of current practice developments within the profession, and uses educational and training opportunities to ensure continual professional competence.
- Demonstrates personal integrity and professional demeanor in accordance with the ethics of the agency and profession.
- Performs all other duties as required or requested.
QUALIFICATIONS:

Minimum Required:
- Experience in child/adolescent psychiatry, accredited education, licensure and Child/Adolescent Certified; State of Michigan Physician License, Board of Pharmacy Controlled Substance License; and Controlled Substance Registration DEA.
- Proven ability to engage and maintain therapeutic relationship with clients and their families.
- Ability to develop collaborative relationships with other unit staff and providers.
- Demonstrated ability to interact positively and work effectively in a culturally diverse environment including cultural competency.
- Effective oral and written communication skills.
- Willingness to be flexible.
- Demonstrated commitment to Humanitarianism and/or Mission of Child Welfare.
- Demonstrated computer literacy skills as required.
- Michigan Medicaid and National Provider Identification Numbers

Preferred:
- American Board of Psychiatry and Neurology (ABPN) certification and or eligible
- Child Welfare, Juvenile Justice and Behavioral Health experience in Michigan (S.E MI Tri-County area).
- TQM/Business re-engineering/process management knowledge and/or experience.

ADA – American Disability Act Code:
See attached (Position Description – Part II)

FLSA – Fair Labor Standards Act Code: Exempt

Approved By:

Manager/Director ___________________________ Date ___________________________
ELT Member ___________________________ Date ___________________________

Director of Human Resources ___________________________ Date ___________________________
President/CEO ___________________________ Date ___________________________

Revised 1/15