

Centennial Mental Health Center, Inc.

**Job Description**

**Job Title:** Mental Health Professional II-School-Based Telehealth **Job Class:** Program Delivery  
**Reports to:** Director of Clinical Innovation **Grade:** 8 **Status:** Exempt

**POSITION SUMMARY**

Provides direct mental health clinical treatment via telehealth service delivery within school settings to students and their families.

**ESSENTIAL DUTIES AND RESPONSIBILITIES**

1. Conducts clinical assessments, evaluation/problem identification and individual and/or group therapy to student clients and their families.
2. Develops treatment plans; monitors treatment progress, and follows-up at disposition times.
3. Works with psychiatric medical provider when consumer is in need of medications.
4. Coordinates consumer's use of other Center programs and outside community resources, including care collaboration with school leadership.
5. Provides telehealth services in a variety of settings including the student's home or school settings.
6. Maintains accurate and timely clinical records consistent with Centennial standards.
7. Participates in meetings, in-services and supervisory sessions as required.
8. Performs other job duties as assigned.

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**JOB REQUIREMENTS**

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**EDUCATION**

Master's Degree in psychology, social work, or other human services field.

**ABILITIES, KNOWLEDGE, SKILLS**

Knowledge of methods of psychotherapy and telehealth mode of delivery. Knowledge of community resources. Ability to serve wide range of student consumers, including culturally diverse populations. Knowledge of cultural issues that may have a bearing on service provision. Ability to assess crisis situations and intervene appropriately. Familiar with the DSM-5 and diagnostic techniques. Effective written and verbal communication skills. Computer literacy to include basic skills in e-mail communication and word processing. Ability to work flexible and on-call hours, which may be required.

I have read this copy of my job description, discussed it with my supervisor, and understand my responsibilities.

\_\_\_\_\_  
Employee Signature

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Date

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Administrative Supervisor

\_\_\_\_\_  
Date