

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

**DATE ESTABLISHED:** 8/30/2013

**DATE REVISED:** 2/05/2020

**DATE REVIEWED:** 2/05/2020

**DATE APPROVED:** 2/05/2020

**TITLE OF POSITION:** Children's Community Action Team (CAT) Mentor

**POSITION NUMBER:** 20-18 Bay CAT

**PROGRAM:** Bay Child

**COMPONENT:** Children's Community Action Team

**MINIMUM TRAINING, CREDENTIALS AND EXPERIENCE REQUIRED:** High school diploma or equivalency and one year of experience working with children and families. Must have a valid Florida driver's license and meet all Center requirements for vehicle operations and transportation of clients in Center and non-Center vehicles.

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

**SUPERVISOR:** CAT Team Leader

**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. Facilitate positive family interactions and encourage mutual understanding.
2. Help youth explore interests and gain life experience.
3. Provide emotional support and guidance toward healthy decision making.
4. Encourage positive peer relationships and healthy social outlets.
5. Help find opportunities to develop skills and achieve personal growth.
6. Model and reinforce responsible interpersonal and self-respecting behavior.
7. Support educational and vocational development.

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

8. Provide respite.
9. Provide transportation.
10. Assist families with establishing a natural support system that provides ongoing support during and post program participation.
11. In relating to clients, maintain clarity on the difference between helping and friendship behaviors. Exercise good judgment with seeking supervision as needed.
12. Encourage positive parenting, and competence with family life skills management such as financial responsibility and homemaking skills.
13. With other team members, provide support and education to family members to help them become knowledgeable about mental illness, collaborate in the treatment process, and assist in their family member's progress.
14. Participate in the development of the comprehensive treatment plan for each person served at treatment planning meetings.
15. Observe youth and family functioning with special focus on behaviors that relate to the treatment plan goals and objective. Attend to signs of developing problems and promptly report to treatment team.
16. Regularly attend organizational staff meetings to assess client status and progress, to coordinate treatment activities, and to develop treatment solutions to problems other staffs are having.
17. Participate in staff training regarding skill development basic to the treatment of youth with Severe Emotional Disturbance and young adults with Severe and Persistent Mental Illness.

#### **OTHER ESSENTIAL FUNCTIONS:**

1. Travel required between clinics and other sites including homes, schools and community locations where clients are served.
2. Maintain after hours availability as required by the needs of the clients and as directed by the Team Leader.

#### **Physical & Other Requirements:**

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

Activity	Expectation		
Standing	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Sitting	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Driving vehicles	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input checked="" 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)	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime (Non-Exempt only)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holidays/Weekends	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shift Work (PMs/Midnights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\* Not Anticipated

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. ADA Accommodations will be reviewed for persons with disabilities. We reserve the right to assess undue hardship that results from the provided accommodation and may need to rescind such reasonable accommodation if undue hardship results.

**Copy received by:**

\_\_\_\_\_  
Employee

Date

\_\_\_\_\_

\_\_\_\_\_  
Supervisor

Date

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