



MENTAL HEALTH ASSOCIATION OF ALAMEDA COUNTY

954 60th Street, Suite 10

Oakland, CA 94608

Phone: (510) 835-5010 | Fax: (510) 835-9232

EXCITING POSITION AVAILABLE (***FLEXIBLE FULL-TIME***)

MENTAL HEALTH PATIENTS' RIGHTS ADVOCATE

Have you wished for the power to defend the civil rights of people receiving mental health treatment? Would you like a career positively influencing the mental health system?

You may be the person we are seeking to join our team of Patients' Rights Advocates!

We offer:

- Competitive Salary
- 100% paid medical and dental for the employee including acupuncture and chiropractic treatments
- Alternatives to full-time work available (e.g 30-40 hours) with flexible schedule
- Generous time off benefits:
 - 13 Paid Holidays, including the week between Christmas and New Years
 - Vacation leave of 2 weeks per year, increases to 4 weeks by year four of employment
- Bilingual Pay Differential for proficiency in county threshold language
- Paid lunch break
- Paid volunteer time-off
- Supportive and collaborative work environment
- Training and growth opportunities
- Reimbursement for work travel
- Work from home temporarily due to COVID-19

The Mental Health Association of Alameda County (MHAAC) is a well-established non-profit organization with long term staff that assists and advocates for people with mental illness and their family members through programs including the Family Education and Resource Center, the Family Partnership Program and Patients' Rights Advocates. Together, these programs assist thousands of people with serious mental illness and their family members every year. We envision a world without stigma where people with mental health challenges and their family members are free to

live their best lives. MHAAC's current budget is around \$4 million.

PATIENTS' RIGHTS ADVOCATES PROGRAM

The Patients' Rights Advocates Program of Alameda County (PRA) works to ensure that people with mental illness receive quality treatment from facilities and providers of mental health treatment and in compliance with the codes and regulations governing their treatment.

The Patients' Rights Advocate responds to complaints made by mental health consumers/ facility residents; investigates alleged rights violations; and represents the wishes of patients/residents during certification review and capacity hearings.

TYPICAL DUTIES AND RESPONSIBILITIES

- Monitor facilities, services and programs for compliance with patients' rights statutes and regulations governing mental health treatment
- Ensure due process for individuals subject to involuntary detention and treatment
- Respond to complaints received by mental health consumers/facility residents, their family members and concerned individuals
- Investigate allegations of rights violations, including possible abuse or neglect in a timely manner
- Provide assistance and legal representation to patients/residents in certification review hearings (for people facing up to 14 days involuntary detention) and in capacity hearings (for those facing involuntary treatment with psychotropic medications)
- Respond to inquiries regarding laws and procedures on voluntary and involuntary mental health treatment

MINIMUM QUALIFICATIONS

- Possess a high school diploma, or equivalency certificate
- One year experience (paid position, volunteer, or lived experience as a caregiver) in mental health or related social services - or six months work/volunteer experience delivering advocacy services to people with serious mental illness
- Ability to work professionally and effectively with people with mental illness and to champion patients' ability to be self-determining
- Ability to conduct efficient informal investigations by quickly determining the relevant facts
- Ability to maintain patient confidentiality and follow MHAAC guidelines regarding document transport and storage
- Ability to work effectively and responsibly while away from the Program's main office and with minimal direct supervision
- Must be able to pass background check including review of State and Federal exclusion lists and livescan fingerprinting
- Possess a valid California driver's license, motor vehicle available for daily use, required auto insurance and have an acceptable driving record, as determined by MHAAC's insurance broker (Position requires local travel up to 300 miles per month.)
- Excellent verbal and written communication skills
- Proficiency in Microsoft Office 365 – Outlook (email) and Word (documents)

PREFERRED QUALIFICATIONS

- Prior work as a Patients' Rights Advocate and/or Certification Review Hearing Representative
- Knowledge of California mental health law and especially provisions governing involuntary treatment
- Experience representing clients at non-judicial hearings (e.g. Social Security Disability Appeals hearings)
- Familiarity with mental health service system in Alameda County
- Bilingual – English plus Cantonese, Farsi, Mandarin, Spanish, Tagalog, or Vietnamese
- Experience delivering services using video-based platforms such as Zoom

HOURS OF WORK: Flexible Monday – Friday 9 am – 5 pm Flexible 30 - 40 hours per week, including paid lunch break

LOCATION: This position will be based in Oakland, CA. The Patients' Rights Advocate may occasionally be required to travel by car to meetings within Alameda County once we resume in-person work. Advocates may travel locally up to 300 miles per month.

SALARY: \$20.67 per hour (approximately \$43,000 annually). Employee benefits include generous vacation, sick leave, and health/dental insurance for employees. Required travel for meetings is reimbursed at the federal reimbursement rate

TO APPLY PLEASE FOLLOW THESE INSTRUCTIONS:

- ✓ Complete the FULL application which includes the supplemental questionnaire
- ✓ Resumes only will not be considered complete
- ✓ You may submit a Cover Letter in lieu of answering the supplemental questionnaire, however, if you do not write about your direct personal experience as a family caregiver, we will not know that you have fulfilled this requirement
- ✓ Applications are available online: www.mhaac.org
- ✓ Submitting an application:
 - Email to: jobs@MHAAC.ORG – Please indicate in the subject line: Patients' Rights Advocate - PRA
 - No phone calls please

The Mental Health Association of Alameda County is an equal opportunity employer to all, regardless of age, ancestry, color, disability (mental and physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition, military or veteran status, national origin, political affiliation, race, religious creed, sex (includes pregnancy, childbirth, breastfeeding and related medical conditions), and sexual orientation.

We are also committed to offering an inclusive and accessible experience for all job seekers, including individuals with disabilities. Our goal is to foster an inclusive and accessible workplace where everyone has the opportunity to be successful. If you need a reasonable accommodation to search for a job opening, apply for a position, or participate in the interview process, connect with us at jobs@mhaac.org and describe the specific accommodation.

Supplemental Questionnaire
Patients' Rights Advocate - Alameda County

1. Please summarize your experience working with mentally ill and/or mentally disabled people.

2. Please list/describe any other experience and/or abilities which you feel qualify you to perform the duties required as a Patients' Rights Advocate.

3. Please indicate any experience you have had with voluntary organizations (as employee, volunteer, member, participant).

4. What are the pros and cons of advocating for a client's expressed interest vs. a client's best interest? Which is easier?

Application for Employment

Mental Health Association of Alameda County

954 60th Street, Suite 10, Oakland, CA 94608

Ph: (510) 835-5010

Fax: (510) 835-9232

Email: Jobs@MHAAC.org

Personal Information

| | | | |
|----------------------|---------------|-------------|-------|
| _____ | _____ | _____ | _____ |
| Last Name | First Name | Middle Name | |
| _____ | _____ | _____ | _____ |
| Street Address | City | State | ZIP |
| (____) _____ | _____ | | |
| Contact Phone Number | Contact Email | | |

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?

Yes

No

How did you hear about this position? _____

Education and Training

| <u>Type</u> | <u>Name/ Location</u> | <u>No. of Yrs Attended</u> | <u>Degree/ Graduate?</u> <u>Yes</u> <u>No</u> | <u>Certificate/ Degree Earned</u> |
|-------------|-----------------------|--------------------------------|--|---------------------------------------|
| High School | _____ | _____ | | |
| | City | State | | |

Optional
Comment:

| <u>Type</u> | <u>Name/ Location</u> | <u>No. of Yrs Attended</u> | <u>Degree/ Graduate?</u> | | <u>Certificate/ Degree Earned</u> |
|--------------------------|------------------------------|--------------------------------|--------------------------|-----------|---------------------------------------|
| | | | <u>Yes</u> | <u>No</u> | |
| College/ University 1 | _____ | | | | |
| | Name | | | | |
| | _____ | _____ | | | |
| | City | State | | | |
| | <i>Optional</i> Comments: | | | | |

| <u>Type</u> | <u>Name/ Location</u> | <u>No. of Yrs Attended</u> | <u>Degree/ Graduate?</u> | | <u>Certificate/ Degree Earned</u> |
|--------------------------|------------------------------|--------------------------------|--------------------------|-----------|---------------------------------------|
| | | | <u>Yes</u> | <u>No</u> | |
| College/ University 2 | _____ | | | | |
| | Name | | | | |
| | _____ | _____ | | | |
| | City | State | | | |
| | <i>Optional</i> Comments: | | | | |

| <u>Type</u> | <u>Name/ Location</u> | <u>No. of Yrs Attended</u> | <u>Degree/ Graduate?</u> | | <u>Certificate/ Degree Earned</u> |
|---------------------------|------------------------------|--------------------------------|--------------------------|-----------|---------------------------------------|
| | | | <u>Yes</u> | <u>No</u> | |
| Business/ Vocational 1 | _____ | | | | |
| | Name | | | | |
| | _____ | _____ | | | |
| | City | State | | | |
| | <i>Optional</i> Comments: | | | | |

| <u>Type</u> | <u>Name/ Location</u> | <u>No. of Yrs Attended</u> | <u>Degree/ Graduate?</u> | | <u>Certificate/ Degree Earned</u> |
|---------------------------|------------------------------|--------------------------------|--------------------------|-----------|---------------------------------------|
| | | | <u>Yes</u> | <u>No</u> | |
| Business/ Vocational 2 | _____ | | | | |
| | Name | | | | |
| | _____ | _____ | | | |
| | City | State | | | |
| | <i>Optional</i> Comments: | | | | |

Office Skills

Please indicate what level of experience you have with the following Microsoft programs.

- Outlook
- Word
- Excel
- Publisher
- PowerPoint
- MS Access

Other Specialized Skills

Some of our potential clients do not communicate well in English. Do you speak, write or understand any foreign language(s)?

Yes No If yes, which language(s)? _____

Do you have any experience with Medi-Cal or medical documentation? Yes No

Employment History

List below all present and past employment, starting with the current/ most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

Employment Dates _____
Start Date _____ End Date _____

Employer Name _____ (_____) _____
Employer Phone Number _____

Street Address _____ City _____ State _____ ZIP _____

Job Title _____

Job Duties

Reason for Leaving _____

Supervisor _____ (_____) _____
Name Phone # Email

May we contact this employer for a reference? Yes No

Employment Dates

Start Date

End Date

Employer Name

(____) _____

Employer Phone Number

Street Address

City

State

ZIP

Job Title

Job Duties

[Empty box for Job Duties]

Reason for Leaving

Supervisor

Name

(____) _____

Phone #

Email

May we contact this employer for a reference?

Yes

No

Employment Dates

Start Date

End Date

Employer Name

(____) _____

Employer Phone Number

Street Address

City

State

ZIP

Job Title

Job Duties

[Empty box for Job Duties]

Reason for Leaving

Supervisor

Name

(____) _____

Phone #

Email

May we contact this employer for a reference?

Yes

No

Employment Dates

Start Date

End Date

Employer Name

(____) _____

Employer Phone Number

Street Address

City

State

ZIP

Job Title

Job Duties

Reason for Leaving

Supervisor _____ (____) _____

Name

Phone #

Email

May we contact this employer for a reference?

Yes

No

Employment Dates

_____ Start Date _____ End Date _____

_____ (____) _____

Employer Name

Employer Phone Number

_____ Street Address _____ City _____ State _____ ZIP

Job Title

Job Duties

Reason for Leaving

Supervisor _____ (____) _____

Name

Phone #

Email

May we contact this employer for a reference?

Yes

No

Employment Dates

_____ Start Date _____ End Date _____

_____ (____) _____

Employer Name

Employer Phone Number

_____ Street Address _____ City _____ State _____ ZIP

Job Title

Job Duties

Reason for Leaving

Supervisor _____ (____) _____

Name

Phone #

Email

May we contact this employer for a reference?

Yes

No

References (at least 2 must be professional references)

1. _____ () _____
First Name Last Name Telephone #

Address City State Zip

Title/ Occupation Relationship to you
Is this a professional or personal reference? _____

2. _____ () _____
First Name Last Name Telephone #

Address City State Zip

Title/ Occupation Relationship to you
Is this a professional or personal reference? _____

3. _____ () _____
First Name Last Name Telephone #

Address City State Zip

Title/ Occupation Relationship to you
Is this a professional or personal reference? _____

4. _____ () _____
First Name Last Name Telephone #

Address City State Zip

Title/ Occupation Relationship to you
Is this a professional or personal reference? _____

Applicant's Certification

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Applicant's Signature Date