

Mental Health Association of Alameda County

954 60th St., Ste. 10, Oakland, CA 94608

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

Lead Consumer/Family Assistance Specialist

The Mental Health Association of Alameda County (MHAAC), is seeking to fill the position of Lead Consumer/Family Assistance Specialist. This position will have overall responsibility for the grievance function performed by MHAAC for Alameda County Behavioral Health and will lead the activities of, and ensure the quality of, grievance activities performed by other MHAAC staff.

MHAAC is a well-established non-profit organization with long term staff that assists and advocates for people with mental health challenges and their family caregivers through programs including the Family Education and Resource Center, the Family Partnership Program and Patients' Rights Advocacy. Together, these programs assist thousands of people with serious mental illness and mental health challenges annually as well as their family caregivers.

MHAAC's current budget is approximately \$4 million dollars.

Lead Consumer/Family Assistance Specialist

The Lead Consumer/Family Assistance Specialist, reporting to the Director of Patient's Rights, will have overall responsibility for the grievance function within the agency. The position will directly respond to and investigate grievances as well as ensure grievances program-wide and resolved thoroughly and within the required time frame.

PRIMARY JOB RESPONSIBILITIES

- ✓ Receive communications from the Consumer and Family Assistance Hotline.
- ✓ Ensure all grievances are resolved at the lowest possible level and within 60 days.
- ✓ Ensure timely and thorough documentation including Grievance Call forms, letter acknowledging receipt of grievance, grievance disposition letter and Grievance Log.
- ✓ Train new Consumer/Family Assistance Specialists.
- ✓ Serves as a model and provides ongoing support to all agency staff who process grievances.
- ✓ Reports performance concerns of Consumer/Family Assistance Specialists to the Director of Patient's Rights.
- ✓ Completes all required reports for the program inclusive of monthly/quarterly/annual reports to Alameda County Behavioral Health.

MINIMUM REQUIREMENTS:

Minimum of five years of experience working as an advocate or case manager within the mental health system and must possess familiarity with the mental health system and wellness and recovery principles.

Experience managing grievances/complaints required.

Excellent verbal and written communication skills.

Working knowledge of Alameda County systems of care highly desirable.

A degree in Social Work, Counseling or related field is desired.

The successful candidate must have a motor vehicle available for daily use, possess a valid California Driver's License, carry vehicle liability insurance, and have an acceptable motor vehicle report, as determined by MHAAC's insurance broker.

The salary for this full-time non-exempt position is \$21.15 per hour. Employee benefits include 100% employer paid health, dental and chiropractic coverage for employees and generous time off benefits. A 401 (k) plan is available. The Association is an equal opportunity employer and strives to maintain a diverse workforce.

TO APPLY:

Please email resume and cover letter to:

Jobs@mhaac.org

Please include "Lead Consumer/Family Assistance Specialist" in the title of your email.

5. Please describe experiences you have developing and submitting monthly demographic and/or statistical reports.

6. The law requires a grievance process for all clients receiving MediCal funded mental health and/or substance use treatment services. Every treatment provider/program must make available to their clients the information and materials for submitting a grievance. There are legally mandated timelines for each specific step in the resolution process. Describe your system and techniques to stay organized and keep track of deadlines for completing tasks.

7. What techniques have you used to keep your supervisor informed of your activities when working independently, in the field or with minimal supervision?

8. Do you have any further remarks or specific questions about this application or the position for which you are applying?

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