

Mental Health Association of Alameda County

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

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

MENTAL HEALTH ASSOCIATION

The Mental Health Association of Alameda County (MHAAC) is a well-established non-profit organization 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 Advocacy. Together, these programs assist thousands of people every year.

PATIENTS' RIGHTS ADVOCACY/ PATIENT REPRESENTATION PROGRAM

Patients' Rights Advocacy/Patient Representation staff members work to ensure respect for the rights of mental health clients and residents of mental health facilities. State law provides that every county provide patients' rights advocacy services.

POSITION OVERVIEW:

The Alameda County Based Patients' Rights Advocate will:

- ensure that notices are posted in mental health facilities and residential programs which set forth the legal rights of mental health patients
- respond to inquiries regarding laws and procedures on voluntary and involuntary mental health 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
- 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 & treatment
- act as an advocate on behalf of patients/ residents who are unable to register a complaint or advocate for themselves due to their mental and/or physical condition
- represent 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)
- provide education and consultation to treatment professionals, patients/residents, and members of the community

SPECIFIC JOB DUTIES AND RESPONSIBILITIES

Provide hearing representation and assistance in Certification Review Hearings.

- Assist patients certified for up to 14 days of involuntary detention (after first 72-hour involuntary hold – aka 5150) by:
- Conducting interviews with involuntary patients
- Explain the certification review process to the patient and the reasons given as to why he/she has been certified
- Assist the patient in obtaining the presence of any other person(s) he/she may wish to have at his/her hearing
- Explore with the patient any feasible alternatives to his/her continued involuntary hospitalization
- Determine if the patient wishes the patients' rights advocate to assist or to represent him/her at the Hearing
- Review the medical chart (after obtaining permission from client) and using information from the chart to prepare the argument that will support the client's position.

Provide assistance and legal representation in Capacity Hearings (aka Riese Hearings)

- Assist involuntary patients when their treating psychiatrist petitions the Court for authority to medicate the patient against his/her will by:
- Explaining the Capacity Hearing purpose, process and explaining the concept of informed consent
- Interviewing the patient and reviewing the patient's medical record to monitor the facility's compliance with the law regarding informed consent
- Interviewing facility staff when the patient's medical record is incomplete
- Identifying any additional assistance that the patient wants or needs in preparation for the hearing
- Consulting with psychiatrists or other treating staff prior to hearings, when appropriate

Represent the expressed interest of the patient in the hearing:

- Discuss the case with the treating psychiatrist
- Assist the client in identifying evidence to support his/her claim
- Provide legal arguments to support the expressed wishes of the client
- Arrange for an interpreter, if needed

QUALIFICATIONS:

Required

- Must have a motor vehicle available for daily use, possess a valid California Drivers License, carry auto liability insurance as required by law, and have an acceptable motor vehicle report, as determined by our insurance broker. (Position requires local travel up to 300 miles per month).

- One year of experience in mental health or related social services or 6 months of experience delivering advocacy services to people with mental illness. Relevant experience gained working in a volunteer capacity will be considered in assessing an applicant's qualifications.
- Must be able to pass security screen including review of State and Federal Exclusion Lists and LiveScan fingerprinting to work with vulnerable clients.
- Demonstrated ability to work effectively and responsibly away from the Program's main office and with minimal direct supervision.
- Ability to work well under pressure.
- Ability to work professionally and effectively with people with mental illness and to champion patient's 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

Additional Desirable Qualifications

- Prior work as a Patients' Rights Advocate and/or Certification Review Hearing Representative.
- Knowledge of California mental health law and especially of provisions governing involuntary treatment.
- Experience in representing clients at non-judicial hearings (e.g. Social Security Disability Appeals hearings).
- Proficiency in the use of Microsoft Office Programs – (Google or Outlook email, Word documents, Excel spreadsheets)
- Familiarity with the mental health service system in Alameda County

TO APPLY:

Apply through Indeed.com, Craigslist or

Mail resume and cover letter to: Mental Health Association of Alameda County, 954 60th Street, Suite 10, Oakland, CA 94608

If mailing, please include "ATTN: Title 9 Application" on your envelope.

Job Type: Full-time, Non-Exempt

Hours: Monday – Friday, 9 am to 5 pm, some evenings and weekends

Salary: Great New Starting Salary!

Sign On Bonus: \$500

Benefits: On-the-job training. 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. Family members (a person with the lived experience of supporting a loved one with mental health challenges) and bilingual/bicultural applicants are strongly encouraged to apply.

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

