

**PATIENTS' RIGHTS ADVOCACY PROGRAM**  
A PROGRAM OF THE  
MENTAL HEALTH ASSOCIATION OF ALAMEDA COUNTY  
954 60<sup>th</sup> Street, Ste. 10  
Oakland, CA 94608  
(510) 835-5010

**MEMORANDUM**

TO: All Applicants for Patients' Rights Advocate Position in Marin County

FROM: Francesca Tenenbaum, Director of Patients' Rights Advocates

SUBJECT: APPLICATION PROCESS FOR POSITIONS OF PATIENTS' RIGHTS ADVOCATES (100% FTE)

Enclosed is a copy of the detailed job description and application for the position of **PATIENTS' RIGHTS ADVOCATE in Marin County**.

Additional copies of the application can be downloaded from our website:  
[www.mhaac.org/employment](http://www.mhaac.org/employment)  
select "Patients' Rights Advocate"

**APPLICATION DEADLINE**

Applications must be received in the MHAAC office by 5:00 pm on **Wednesday, 07/31/2019**.  
Faxed applications will not be reviewed.

- Please submit completed application
  - by email at [ptadvocatejob@mhaac.org](mailto:ptadvocatejob@mhaac.org)
  - Or deliver in person, or by postal mail to:  
**Mental Health Association of Alameda County**  
**954 60<sup>th</sup> Street, Ste. 10**  
**Oakland, CA 94608**

**ATTN: TITLE 9 APPLICATION**

**SELECTION PROCESS**

Applications are screened. Finalist applicants are selected and invited to an individual interview(s). Applicants not selected to be interviewed and applicants interviewed and not hired will be notified by mail as soon as feasible after the close of the interview process.

Our office is open 9:00 am to 5:00 pm, Monday-Friday.

# **Mental Health Association of Alameda County**

954 60<sup>th</sup> Street, Suite. 10  
Oakland, California 94608

POSITION AVAILABLE-FULL-TIME

PATIENTS' RIGHTS ADVOCATE/PATIENT REPRESENTATIVE  
SERVING PERSONS IN  
**MARIN COUNTY**

## **MENTAL HEALTH ASSOCIATION**

The Mental Health Association of Alameda County (MHAAC) is an independent, nonprofit organization governed by a volunteer Board of Directors. MHAAC assists and advocates on behalf of persons who have a mental illness and their families.

## **PATIENTS' RIGHTS ADVOCACY/PATIENT REPRESENTATION PROGRAM**

The Patients' Rights Advocacy/Patient Representation program deploys staff members to investigate complaints by mental health patients and residents that their rights have been violated. This program also provides patient representation at certification review hearings (where the issue is whether there is probable cause to certify a patient for up to 14 days of intensive, involuntary mental health treatment) and at capacity hearings (where the issue is whether the patient has the capacity to give informed consent to treatment with antipsychotic medications).

## **THE POSITION**

The occupant of this position will be based out of our Marin County office and carry out the duties of a County Patients' Rights Advocate in MARIN COUNTY. The position will require occasional travel to Alameda County for meetings, trainings, or other advocacy activities.

Patients' Rights Advocacy includes: **hearing representation, investigating and attempting to resolve complaints; monitoring facilities for compliance with codes and regulations related to patients' rights; training mental health clinicians and treatment staff and informing mental health consumers about their rights while receiving treatment.**

Patient representation involves 1) meeting with patients who have been certified for up to 14 days of intensive involuntary treatment or who are alleged to be incapable of giving informed consent for antipsychotic medication, 2) providing appropriate assistance, 3) providing representation at Certification Review Hearings and Capacity Hearings.

## **TYPICAL DUTIES AND RESPONSIBILITIES**

- \* Ensure that notices which set forth the rights of mental health patients/residents are posted in mental health facilities and residential programs.
- \* Respond to inquiries regarding patients' rights and laws and procedures on voluntary and involuntary mental health treatment.
- \* Investigate complaints of patients' rights violations in a timely manner.
- \* Monitor mental health facilities, services, and programs for compliance with statutory and regulatory patients' rights provisions.
- \* Provide training and education about mental health laws regarding patients' rights to mental health providers.
- \* Act as an advocate on behalf of patients/residents who are unable to register a complaint because of their own mental and/or physical conditions.

- \* Provide assistance and legal representation in Certification Review Hearings for patients certified for up to 14 days of involuntary detention after first 72 hours.

Assistance entails:

Conducting interviews with involuntary patients who have been certified to:

- help each patient understand the certification review process 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; and,
- ascertain whether the patient wishes the patients' rights advocate to assist or to represent him/her at the Hearing.
- Reviewing the chart (after obtaining permission from client) and using information from the chart to prepare the argument that will support the client's position.

Represent the expressed interest of the patient in the hearing:

- Question the facility representative;
- Assist the client to present evidence;
- Provide legal argument to attempt to achieve the expressed wishes of the client.
- Also, arrange for an interpreter, if needed.

- \* Provide assistance and legal representation in Capacity Hearings (aka Riese Hearings) for involuntary patients whose treating psychiatrist has petitioned the Superior Court to the authority to medicate the patient involuntarily.

Assistance entails:

- interviewing the patient to assist him/her in understanding informed consent and the capacity hearing process;
- determine what other assistance the patient wants or needs in preparation for the hearing;
- carefully examining the patient's medical record to monitor for compliance with the law regarding informed consent;
- interviewing facility staff when the record is incomplete;
- consulting with psychiatrists or other treating staff prior to hearings when appropriate.

Represent the expressed interest of the patient in the hearing:

- Question the psychiatrist;
- Assist the client to present evidence;
- Provide legal argument to attempt to achieve the expressed wishes of the client.
- Also, arrange for an interpreter, if needed.

- \* Maintain accurate and organized case records for patients represented in hearings or whose complaints regarding patients' rights violations have been investigated; Prepare periodic reports and summaries.

- \* Work efficiently and effectively with patients, Hearing Officers, and mental health facility staff members to provide high-quality advocacy for patients under certification.

## QUALIFICATIONS

(Note: relevant experience gained working in a volunteer capacity will be considered in assessing an applicant's qualifications.)

- 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.
- Must be able to pass security screen to work with minor clients.
- Demonstrated ability to work effectively and responsibly away from the Program's main office and with minimal direct supervision.

- Ability to work effectively and appropriately within the mental health and other service systems.
- Must demonstrate respect and compassion for patients and act to support patient's ability to be self-determining.
- Personal stability and an ability to work well under pressure.
- Ability to work professionally and effectively with people with mental illness.
- Ability to assist persons in presenting their cases in an administrative law hearing or similar type of hearing.
- Ability to quickly ascertain what are relevant facts in a given situation and to efficiently conduct informal investigations.

#### 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).
- Certificate of Training; Patients' Rights Advocacy, by State Office of Patients' Rights.
- Proficiency in the use of Microsoft Office Programs.
- Familiarity with the mental health service system in San Mateo County.

**HOURS OF WORK:** 40 hours per week, full-time, including paid lunch break. Hours to be worked are usually Monday through Friday, 9 A.M. to 5 P.M. However, occupants of this position will sometimes be expected to begin work before 9:00 A.M. or to work after 5 P.M. and, occasionally, on legal holidays. The occupant of this position will be based in the Patients' Rights Advocates office in Marin County. Rarely, travel to Alameda County may be required.

**SUPERVISOR:** The occupant of this position reports to the MHAAC Director of Patients' Rights Advocacy Services.

**SALARY:** **\$2,738.17/mo** 100% FTE per month. (Required local **travel** is reimbursed at **58 cents per mile**.) (Employee benefits include generous vacation, sick leave and health/dental insurance. Details available.)

**TO APPLY:** To obtain an application visit website at <http://www.mhaac.org/employment/>

Or contact: Mental Health Association of Alameda County

9 am to 5 pm

*Telephone: 510-835-5010*

**APPLICATION DEADLINE** Faxed applications **will not** be reviewed.

Please submit in person, by email at [ptadvocatejob@mhaac.org](mailto:ptadvocatejob@mhaac.org) or by postal mail.

Applications must be received in the MHAAC office by **5:00 pm** on **Wednesday 7/31/19**.

***The MHAAC Is An Equal Opportunity/Affirmative Action Employer.***  
***Women, Members of Minority Groups, Veterans, and Persons with Disabilities***  
***are Specifically Encouraged to Apply for Employment.***

**Mental Health Association of Alameda County**

954 60<sup>th</sup> St., Suite 10, Oakland, CA 94608 (510) 835-5010  
An Equal Opportunity/Affirmative Action Employer

Application for employment as Patients' Rights Advocate

**Personal Information**

*Please print legibly or type.*

_____	_____	_____
Last Name	First Name	Middle
_____	_____	_____
Address	City	State Zip
(____)_____		
Contact Phone No.	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

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

**Education and Training**

<b>School Name</b>	<b>Number of Years</b>	<b>Diploma/Degree/Certificate</b>
<b>High School</b> _____ Name	Number of years _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
_____ City _____ State		
<b>College/University</b> _____ Name	Number of years _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
_____ City _____ State		
<b>Vocational/Business</b> _____ Name	Number of years _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
_____ City _____ State		



**Employment History**

You need not repeat what is in your resume, but please list supervisors and contact information in your employment during the last 15 years and your reason for leaving your last place of employment

\_\_\_\_\_  
**Name of Employer**

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Address

\_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
From To

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Your Job Title and Duties

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
May we contact this employer for a reference?  Yes  No

\_\_\_\_\_  
**Name of Employer**

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Address

\_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
From To

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Your Job Title and Duties

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
May we contact this employer for a reference?  Yes  No

\_\_\_\_\_  
**Name of Employer**

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Address

\_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
From To

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Your Job Title and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?  Yes  No

\_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
**Name of Employer** Telephone No.  
\_\_\_\_\_  
Type of Business Your Supervisor's Name  
\_\_\_\_\_  
Address City State Zip  
\_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
From To

\_\_\_\_\_  
Your Job Title and Duties  
Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

\_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
**Name of Employer** Telephone No.  
\_\_\_\_\_  
Type of Business Your Supervisor's Name  
\_\_\_\_\_  
Address City State Zip  
\_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
From To

\_\_\_\_\_  
Your Job Title and Duties  
Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

\_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
**Name of Employer** Telephone No.  
\_\_\_\_\_  
Type of Business Your Supervisor's Name  
\_\_\_\_\_  
Address City State Zip  
\_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
From To

\_\_\_\_\_  
Your Job Title and Duties  
Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No



*Note: Attach additional page(s) if necessary.*

**OFFICE SKILLS**

Indicate whether you have experience with the following Microsoft programs and indicate your skill level:  
(None, Limited Use, Average, Above Average, Expert User)

- Outlook
- Word
- Excel
- Publisher
- PowerPoint
- MS ACCESS

**OTHER SPECIALIZED SKILLS**

Do you have any experience with Medi-Cal or medical documentation?

- Yes
  - No
- 

**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.

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Date

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Applicant's Signature

## Supplement to Application for Patients' Rights Advocate Position

Please summarize your experience in providing information, referral, and advice services on the telephone and in person:

Please summarize your experience in working with mentally ill and/or mentally disabled people:

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

How would you assess your frustration threshold? What do you do when you reach your threshold?

What are your greatest strengths, weaknesses?

Please summarize any experience you may have representing clients at administrative hearings:

What are your thoughts on the media's portrayal of people with mental illness?

What's the difference between counseling and advocacy?

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

What are the pros and cons of advocating for a client's expressed interest? What are the pros and cons of advocating for a client's best interest?

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