



Behavioral Health Clinician

Associates Encouraged to Apply!

Bellingham (Whatcom County) 1 FTE

Job Announcement

Preference given to applications received by:

Open until filled

REPORTS TO: Care Management Director with Clinical Supervision by Care Management Supervisor

TEN-STEP HOURLY RANGE: \$27.97 – \$36.49, DOQ

JOB SUMMARY: The Northwest Regional Council funds and/or provides community-based programs to help elders, people with disabilities, and people living with behavioral health disorders live in their own homes and communities for as long as possible, postponing or eliminating the need for institutional care. The **Behavioral Health Clinician** provides assessments and ongoing individual counseling for elders, and/or people with disabilities in their homes or place of residence in Whatcom County. However, due to current physical distancing measures relating to COVID-19, services will be delivered using telehealth. Services delivered are strengths-based and include, but are not limited to individual psychotherapy, treatment planning, identification and development of natural supports, advocacy, and collaboration with other supports. Additionally, the Clinician provides mental health-related expertise for the other NWRC Care Management Programs.

ESSENTIAL JOB DUTIES include but are not limited to:

Clinician Responsibilities:

1. Conduct initial psychosocial assessments.
2. In collaboration with the client, develops a safe Individualized Service Plan that is strengths-based and utilizes evidence-based approaches, such as Cognitive Behavioral Therapy, Exposure Therapy, and Mindfulness;
3. Provides long term, ongoing mental health counseling to clients; consistently evaluates that the Individualized Service Plan is functioning as intended and meets the needs of the clients;
4. Provides supportive functions for the client, including client advocacy, assistance, consultation, family support, and crisis intervention;
5. Assists with transition planning for clients requiring a higher level of care setting;
6. Documents progress notes according to policy and utilizing the current State of Washington Access to Care Standards;
7. Understand and implement Mandated Reporting and other reasonable precautions when necessary during the course of work;
8. Conducts termination planning and implementation when client situations stabilize and/or clients no longer need mental health services;
9. Fosters communication between clients' providers (i.e. primary care provider, medical specialists, Health Home care coordinators, etc.) and provider networks (i.e. behavioral health organization, home care agencies, etc.);
10. Facilitates and encourages client's use of peer supports and/or participation in appropriate support groups and self-care programs in order to increase the client's knowledge of their health care conditions and to improve adherence to prescribed treatments;
11. Develops and maintains linkages with community agencies and organizations that could give support to NWRC programs or individual clients;
12. Participates in staff meetings, public education and provider training sessions, as appropriate.

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QUALIFICATIONS:

Knowledge, Skills and Abilities:

- Demonstrated ability to assess client needs with consideration of the values of diverse groups.
- Demonstrated knowledge and experience with evidence-based practices, or interest and ability to learn.
- Ability to establish a therapeutic alliance with a wide range of clientele in the Medicaid system.
- Ability to work effectively with individuals with complex needs and multi-system involvement.
- Ability to establish and maintain effective working relationships with coworkers, community agencies, and the general public using courtesy and tact.
- Ability to maintain a positive, solution-focused demeanor when responding to conflicts or problems.
- Skill and/or fluency in speaking other languages, i.e. Spanish or Russian, is desired.

Education/Experience:

- Master's Degree in Behavioral or Health Sciences or related field.
- 2 years' experience providing direct human services to clients, preferably in a community setting.

Licenses/Certificates:

- Valid, current credential issued by the Department of Health as a:
 - Licensed Mental Health Counselor (LMHC) or,
 - Licensed Marriage and Family Therapist (LMFT) or,
 - Licensed Independent Clinical Social Worker (LICSW) or
 - Equivalent field, **OR**
 - An Associate working towards licensure in one of the above fields. **Note:** Individuals who do not already hold a license or associate license through the WA DOH must submit an Agency Affiliate Counselor Application upon hire and be approved by the DOH.
- Must have a valid Washington State driver's license, a vehicle available for work-related travel, and appropriate liability insurance.

WORKING CONDITIONS/PHYSICAL REQUIREMENTS: Work is performed approximately 30-40% in an office environment and 60-70% in field client visits. Potential exposure to repetitive stresses due to prolonged use of computers. Sufficient mobility is required for the use of office equipment such as computer laptops, telephones, files and copiers as well as for performing in-home assessments of clients which may have limited accessibility. The ability to hear and communicate at a level sufficient to perform the essential functions of the position is required. Ability to lift and maneuver a maximum of 30 pounds.

BENEFITS: NWRC offers employer paid medical/dental/vision for the employee and their dependents with the employee choosing from multiple medical and dental plan options. Other employer paid benefits include Life and Long-term Disability insurance with options for buy-up; participation in the Public Employees Retirement System (PERS) with employer & employee contributions, voluntary Flex Plans for health and/or child/elder care, an Employee Assistance Program (EAP) for the employee and dependents and various voluntary deferred compensation programs. Full time employees accrue paid sick and vacation leave, each at 8 hours per month, as well as 11 paid holidays per year. Alternative Work Schedule may be available after successfully passing 6-month Trial Service Period.

TO APPLY Application materials may be obtained directly at <http://www.nwrcwa.org/employment/>, by emailing Careers@NWRCWA.org, or contacting the Bellingham Office @ 360-676-6749. All application materials, including a cover letter and resume, must be fully completed and returned to the Bellingham office.

SELECTION PROCESS: After reviewing the applications, the NWRC will contact the most qualified candidates to participate in a selection process consisting of job-related selection exercises. NWRC will make reasonable accommodation upon request for those individuals with disabilities.

Northwest Regional Council
An Equal Opportunity Employer



EMPLOYMENT APPLICATION

600 Lakeway Drive
 Suite 100
 Bellingham, WA 98225
 (360) 676-6749

POSITION APPLIED FOR

Please complete this application by typing or clearly printing. Fully and accurately complete all application questions, even if submitting your resume. This application will be evaluated to determine which applicants will continue in the selection process. Use additional sheets if more space is needed.

Name (Last)	(First)	(M.I.)
Address (Street)	(City)	(State) (Zip)
Phone (Day)	(Evening)	(Email Address)

Do you have the legal right to work in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Note: All employment offers are contingent upon proof of eligibility to work in the U.S.</i>		
Are you related to any current employee of NWRC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been dismissed, discharged, fired, or asked to resign from a position? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I learned about this job through: <input type="checkbox"/> Worksource <input type="checkbox"/> Craigslist <input type="checkbox"/> Idealist <input type="checkbox"/> Indeed <input type="checkbox"/> NWRC Website		
<input type="checkbox"/> Other Source: _____		

Education			
Type of School	School & Location	Years Completed	Degree/Certificate
High School		9th 10th 11th 12th GED Select one	
College or University Studies		1 2 3 4 Select one	
Graduate School		1 2 3 4 Select one	
Business or Tech. School		1 2 3 4 Select one	
Other Relevant Training or Courses		1 2 3 4 Select one	

License/Registration/Certificate

Description	State	Number	Expiration

Work History

List experience which relates to the qualification as required on the Job Announcement. **Begin with your most recent experience.** List all jobs separately and identify gaps in employment. **A résumé will not substitute for the information required in this section.** Résumés may be attached, but do not write "See Résumé" in lieu of completing the application.

FROM:	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		
SUPERVISOR:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		ADDRESS:
	PHONE:	

FROM:	TITLE:	EMPLOYER:
TO:	PRIMARY DUTIES:	ADDRESS:
HOURS / WEEK:		
SUPERVISOR:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		PHONE:

FROM:	TITLE:	EMPLOYER:
TO:	PRIMARY DUTIES:	ADDRESS:
HOURS / WEEK:		
SUPERVISOR:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		PHONE:

FROM:	TITLE:	EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		PHONE:

FROM:	TITLE:	EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		PHONE:

FROM:	TITLE:	EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		PHONE:

ADDITIONAL EXPERIENCE (volunteer, internship, etc.): _____

I certify that the information herein is true and complete. I understand that providing false information on my application or during the hiring process will be grounds for elimination from further consideration or, if employed, for dismissal at any time.

I understand that the NWRC will be conducting a background investigation which includes a criminal background check and employment-related references. Providing authorization and complete information is a requirement during the selection process.

SIGNATURE: _____
(SIGNATURE REQUIRED FOR APPLICATION TO BE COMPLETE)

DATE: _____

Criminal Background Check Authorization

Employees of the NWRC may have access to confidential and sensitive information related to vulnerable adults and children and/or may have unsupervised access to a vulnerable adult as defined in chapter 74.34 RCW or a vulnerable person as defined in RCW 9.96A.060. For this reason, all prospective employees must agree to authorize the NWRC to conduct a criminal background check. At some point in the final steps of the selection process, you will be requested to sign a form that authorizes the NWRC to conduct a Washington State Patrol criminal background check.

I understand and agree to the NWRC conducting a WSP criminal background check in the final steps of the selection process. Additionally, I acknowledge and authorize my background to be checked on an intermittent basis to verify my eligibility for continued employment.

Applicant Signature

Date

Print Name



Employment References Release and Waiver of Liability

Please read carefully before signing

I hereby authorize the NWRC to solicit and receive information from my past employers and other references.

I authorize both my present and all former employers to release information contained in my personnel files and other related information regarding performance or employment. I willingly, knowingly, and voluntarily agree to hold harmless and agree to waive any and all legal claims against the NWRC for such inquiries and each employer, its officers, agents, directors, or representatives who provide employment information to the NWRC.

SIGNATURE: _____

DATE: _____

The NWRC utilizes an electronic Employment Reference process. Please provide the following contact information.

SUPERVISOR CONTACT INFORMATION (starting with current employer)			
Name	Place of Employment	Email Address	Phone
1.			
2.			
3.			

COWORKER CONTACT INFORMATION			
Name	Place of Employment	Email Address	Phone
1.			
2.			
3.			

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next page for Applicant Data Record.

Applicant Data Record

NWRC is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected under federal, state or local law.

The NWRC is subject to certain governmental record-keeping and reporting requirements for the administration of civil rights and regulations. In order to comply with these laws, the employer invites applicants to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This Applicant Data Record will be removed from your employment application materials and will not be considered when reviewing and evaluating your qualifications.

Full Name:	Date:
Position Applied For:	
Please identify where you learned about this employment opportunity:	
<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In	<input type="checkbox"/> Employment Agency <input type="checkbox"/> School: _____ <input type="checkbox"/> Other (please identify): _____
Sex:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
Race/Ethnicity:	
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Two or more races	
<input type="checkbox"/> Individual with Disability	
Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).	