



Program Specialist

1.0 FTE

Mount Vernon (Skagit County) Office

REPORTS TO: Community Programs Supervisor

2021 TEN-STEP HOURLY RANGE: \$24.11 - \$31.45, DOQ

JOB SUMMARY: Northwest Regional Council (a council of governments for Island, San Juan, Skagit and Whatcom counties) is a multipurpose human services agency that relies on high performing employees to provide the best possible community-based supports for senior citizens, people with disabilities, and people affected by complex, chronic health conditions. **Program Specialists** provide information, assistance, and options/benefits counseling on the services, products, and/or resources available to clients who face challenges related to aging and/or disabilities and their families, through social service agencies, medical providers, and community partners. Functions include screening and assessing to identify needs, making referrals and/or authorizing appropriate resources and services, providing ongoing education, consultation and general assistance to clients and family caregivers that is client driven and solution focused.

ESSENTIAL JOB DUTIES include but are not limited to:

Client Services

1. Screens clients for services and conducts assessments by telephone interviews, office visits, and/or home visits as necessary.
2. Completes automated assessment of client or caregiver needs that evaluates client's cognitive, behavioral, and functional abilities. As appropriate, may:
 - a. Explore options with client(s) relating to long-term services and supports, which may include housing, end of life, healthcare, social supports, etc.
 - b. Determine need and level of care for services (respite, personal care, caregiver training, consultants, etc.) authorizing resources for support.
 - c. Provides timely follow-up with clients as necessary to assure that presenting problems are minimized or solved and needs are met. Monitors progress of service delivery as needed.
3. Provides crisis/mental health referrals for clients who appear to have serious mental health problems that may need immediate attention. Makes Adult Protective Services (APS) referrals as necessary.
4. Develops and maintains confidential client files that document activities performed for the client and contain all other records required for Aging and Disabilities (ADR), Family Caregiver Support (FCSP), and other programs as assigned. Compiles reports as necessary to meet reporting and statistical requirements for funding purposes. As necessary, tracks authorized spending against actual spending and stays within allocated budget guidelines.

Outreach

5. Develops and implements effective outreach strategies for difficult-to-serve populations including individuals with limited-English proficiency, rural/isolated populations, and populations of minority older adults, disabled adults, some of whom may have limited income and resources. Provides effective public relations, advocacy, and information to other agencies, businesses, and places of worship.
6. Works closely with internal and external partners to maintain awareness of available services to meet the needs of clients, caregivers, and their families to assure partners are knowledgeable and can make appropriate referrals for program services.

Program Development and Maintenance

7. Gathers and/or develops and maintains resource files and/or database(s) of programs and services. Manages resource files and database(s) using Alliance for Information and Referral Systems (AIRS) taxonomy. Provides information to designated agency webmaster to update program webpages.

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QUALIFICATIONS:

Education/Experience:

- Bachelor's Degree in social services or related field; **AND** two years of experience providing direct human/social services; **OR**
- Two years of relevant college level courses; **AND** four years of experience providing direct human/social services; **OR**
- An equivalent combination of education and experience that provides the skills, knowledge and ability to perform the work.

Knowledge, Skills and Abilities:

- Demonstrated skills in interpersonal communication, interviewing, client assessment, problem solving, organization, time management, and documentation of activities.
- Knowledge of the long-term care process, issues related to aging and disability, service delivery systems, and family caregiver issues preferred.

Licenses/Certificates:

- Must have a valid Washington State driver's license, a vehicle available for work-related travel, and appropriate liability insurance.
- Will be expected to become AIRS Certified during the second year of employment (after one full year of FCSP/ADR experience).
- Based on agency need, may be expected to complete additional training/certifications such as motivational interviewing, communicating in conflict, mental health first aid, Community Health Worker training, etc.

WORKING CONDITIONS/PHYSICAL REQUIREMENTS: Pre-pandemic, work is performed primarily in a shared workspace / office environment with field assignments that include travel to client homes or community partner offices/events. The office environment can be busy due to unscheduled phone and in-person inquiries from the public. Potential exposure to repetitive stresses due to prolonged use of computers. Currently, work is performed remotely via telephone, and video conferencing.

Sufficient mobility is required for the use of office equipment such as computers or laptops, telephones, files and copiers, as well as for performing in-home assessments of clients, which may have limited accessibility. Lifting a maximum of 30 pounds may be required. The ability to hear and communicate at a level sufficient to perform the essential functions of the position is required.

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 12 paid holidays per year. Alternative Work Schedule may be available after successfully passing 6-month Trial Service Period. **Note:** NWRC meets the Public Service Loan Forgiveness (PSLF) definition of a public service organization.

TO APPLY: Application materials may be obtained by downloading from <https://www.nwrcwa.org/employment/>, e-mailing Careers@nwrcwa.org or calling the Bellingham Office @ 360-676-6749. All applications and application materials, **including a cover letter and resume**, must be fully completed and returned to the Bellingham office via email, postal mail or dropped off in outside drop box.

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



Program Specialist

Employment Application Addendum

Areas of Experience

1. I have experience exploring the following options and available services with clients:

- | | | |
|--|--|---|
| <input type="checkbox"/> End of Life/Hospice | <input type="checkbox"/> Food/Meal Resources | <input type="checkbox"/> Healthcare/Insurance |
| <input type="checkbox"/> Housing | <input type="checkbox"/> In-home Care | <input type="checkbox"/> Memory Loss/Dementia |
| <input type="checkbox"/> Long-term Care | <input type="checkbox"/> Respite | <input type="checkbox"/> Social Supports |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Other: | |

2. I am experienced in the following interviewing/counseling techniques:

- | | |
|--|---|
| <input type="checkbox"/> Motivational Interviewing | <input type="checkbox"/> Communicating in Conflict |
| <input type="checkbox"/> Mental Health First Aid | <input type="checkbox"/> Community Health Worker Training |
| <input type="checkbox"/> Other: | |

3. I am able to: Read Understand Speak
 Spanish Russian Other _____

4. Please describe what 'providing person-centered information and services' means to you.



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).	