

DUTY STATEMENT
Mental Health Services Oversight & Accountability Commission

PART A	
Mental Health Fellow (Clinician)	
Position No: 475-550-4660-001	Date:
Classification: Special Consultant	Name:
Subject to Conflict of Interest: Yes	CBID: E Workweek Group: E
<p>Under the general direction of the Chief of Program Operations, the Mental Health Fellow (Clinician) renders expert assistance as a consultant on Mental Health programs and performs other related work. The Fellow will use their voice and expertise in the mental health field to infuse best practices into the Commission's policy-making, programs and planning activities. The Fellow will utilize their crucial perspective to ensure the work of the Commission is relevant, timely and reflective of needs and emerging trends in the mental health field.</p>	
Percentage of time performing duties:	ESSENTIAL FUNCTIONS
25%	Provide expertise and perspective to the Chief of Program Operations in the areas of Innovation and Prevention and Early Intervention. This may include reviewing PEI plans and proposed Innovation projects and making recommendations for technical assistance strategies.
25%	Provide expertise and perspective to the Chief of Research and Evaluation to inform the design of major complex research related to documenting and evaluating outcomes associated with California's mental health system. Collaborate and coordinate on the full array of Commission functions and operations including Research and Evaluation, Program Operations, Community Engagement and Grants, Communications and Legislation to identify and implement strategies and activities to support Commission activities and goals.
25%	Provide expertise and perspective to the Consulting Psychologist and Administrative Services to make recommendations on the design and implementation of the Commission's Racial Equity Plan, Workplace Mental Health project and related work.
20%	Design and complete a self-directed project.
NON-ESSENTIAL FUNCTIONS	
5%	Other duties as required.
OTHER	
Telework is available with in-person meetings as required.	

Position No:						Date:
Class:						Name:
PART B - PHYSICAL AND MENTAL REQUIREMENTS OF ESSENTIAL FUNCTIONS						
Activity	Not Required	Less than 25%	25% to 49%	50% to 74%	75% or More	
VISION: View computer screen; prepare various forms, memos, reports, letters, and proofread documents.						X
HEARING: Answer telephone; communicate with Administration, department managers, department staff; provide verbal information.						X
SPEAKING: Communicate with staff, residents, and the public in person and via telephone; interact in meetings.						X
WALKING: Within the department to various units.			X			
SITTING: Workstation; meetings; training.				X		
STANDING: Copy documents; review records.		X				
BALANCING:		X				
CONCENTRATING: Review documentation for accuracy; complete forms; research laws, rules and/or processes.				X		
COMPREHENSION: Understand contracts and budgets as it relates to the position						X
WORKING INDEPENDENTLY: Must be able to apply laws, rules, and processes with minimal guidance.						X
LIFTING UP TO 10 LBS:		X				
LIFTING 10-25 LBS:	X					
LIFTING 25-50 LBS:	X					
FINGERING: Push telephone buttons, calculator keys, and computer keyboard.				X		
REACHING: Answer telephone; use a mouse; retrieve documents from printer.				X		
CARRYING: Transport documents.		X				
CLIMBING: Stairs.						
BENDING AT WAIST: Use copier; access low file drawers.		X				
KNEELING: Access low file drawers.		X				
PUSHING OR PULLING: Open and close file drawers.		X				
HANDLING: Sort paperwork; distribute mail.		X				
DRIVING: Special events.		X				
OPERATING EQUIPMENT: Computer, telephone, copier, printer, fax machine.						X
WORKING INDOORS: Enclosed office environment.						X
WORKING OUTDOORS: Special events.		X				
WORKING IN CONFINED SPACE: File, supply, storage rooms, etc.		X				

I have read and understand the duties listed on this Duty Statement and I can perform these duties with or without reasonable accommodation. (If reasonable accommodation may be necessary, discuss any concerns with the Equal Employment Opportunity Office.)

Employee signature _____ Date _____

Supervisor signature _____ Date _____

Human Resources signature _____ Date _____