

Trumbull County Mental Health and Recovery Board

Position Description

Position Title: **Children's Program Coordinator**

Reports To: **Director of Youth Programs and Director of Family and Children
First Council (FCFC)**

Primary Responsibilities

Oversee children and youth treatment and prevention services funded by the TCMHRB.

Assist the FCFC Director by providing support for current and new initiatives including OhioRISE, Family First Prevention Services Act, Multi-System Youth (MSY), Communities of Support and other similar opportunities.

Oversee current grants for children and youth to ensure compliance.

Procure and assist with the development of grants that will enhance and expand community-based services for children, youth and families.

Participate in child, youth and family-focused initiatives and projects of the Board and FCFC, including but not limited to: High Fidelity Wraparound, Early Childhood Mental Health Initiative, Voices of Youth and Trauma Informed Care.

Participate in the Alliance for Substance Abuse Prevention (ASAP) Coalition.

Serve as a liaison between the Board and public schools regarding supports and/or services for children with mental health and/or addiction issues.

Participate in community activities that enhance the community's awareness of the TCMHRB, FCFC, and/or the supports/services needed by children and families.

Assist in data collection and tracking to provide reports to funders and to produce annual and long-range service delivery plans as they relate to children and youth.

Other duties may develop. The Directors have the authority to assign tasks not currently covered in this description.

Essential Functions of the Position

Reading, with/without magnification, both printed documents and information as it appears on computer screens.

Sitting for moderate time lengths while attending various meetings; working at desk, etc.

Driving while traveling to various meetings and/or functions assigned to this position.

Manual dexterity as it relates to writing, operation of computer keyboard and various items of office equipment, such as printers/copiers.

The ability to communicate verbally and in writing in a professional and literate manner.

Primary Requirements

Adherence to confidentiality and HIPAA guidelines is essential.

Ability to work with a diverse population.

Must be proficient in Microsoft Office, including Word and Excel.

Must meet requirements for criminal background check and drug test.

Must have a valid Ohio driver's license and meet requirements for insurability.

Knowledge of the various child and family serving systems in Trumbull County helpful.

Demonstrated ability to work in collaboration with members of various service providers in the provision or development of programs.

Bachelor's degree required, Master's or above preferred in the field of mental health, drug/alcohol abuse treatment, psychology, social services, social work or related field with a focus on children/adolescent issues.

Licensed Social Worker or Professional Counselor required

Minimum five years' experience in children/adolescent services.

Ability to analyze data and suggest a suitable course of action as required to the appropriate Directors.

Ability to work independently and demonstrate good time management skills.

Signature

Date

The Trumbull County Mental Health and Recovery Board is looking for a Children's Program Coordinator. Must be Licensed Social Worker or Professional Counselor with a minimum 5 years' experience in child/adolescent services.

View job description and application at www.trumbullmhrb.org. PERS benefits. Submit completed application and resume to:

April Caraway, ED,
Trumbull County Mental Health and Recovery Board
4076 Youngstown Road, S.E., Suite 201
Warren OH 44484.

Deadline for applications is: 10/15/2021.

The TCMHRB is an EOE.



EMPLOYMENT APPLICATION

Please print your responses.

PERSONAL INFORMATION

Name _____
First Middle Last

Email Address _____

Address _____
Number and Street Apt. No. and/or P.O. Box (if applicable)

City/State/Zip Code _____

Area Code/Phones: _____
Day Evening

If driving is an essential function of any job for which you are considered, are you a licensed driver? Yes___ No___

Are you 18 years old or older? Yes___ No___

List all states in which you have lived or resided for the last 10 years: _____

EMPLOYMENT HISTORY

INSTRUCTIONS:

Beginning with your present or most recent employer, list **all** employers for whom you have worked for the last 7 years. Please enter all information even when submitting a resume.

1. Employer's Name _____ Employer's Phone _____

Employer's Location _____
(complete address not necessary)

Supervisor's Name and Title _____

Job Title _____ Pay Rate _____

Date Hired _____ Date Separated _____

Reason for Leaving _____

Can We Call Your Current Employer? Yes___ No___

2. Employer's Name _____ Employer's Phone _____

Employer's Location _____

(complete address not necessary)

Supervisor's Name and Title _____

Job Title _____ Pay Rate _____

Date Hired _____ Date Separated _____

Reason for Leaving _____

Can We Call This Employer? Yes___ No___

3. Employer's Name _____ Employer's Phone _____

Employer's Location _____

(complete address not necessary)

Supervisor's Name and Title _____

Job Title _____ Pay Rate _____

Date Hired _____ Date Separated _____

Reason for Leaving _____

Can We Call This Employer? Yes___ No___

4. Employer's Name _____ Employer's Phone _____

Employer's Location _____

(complete address not necessary)

Supervisor's Name and Title _____

Job Title _____ Pay Rate _____

Date Hired _____ Date Separated _____

Reason for Leaving _____

Can We Call This Employer? Yes___ No___

List all other employers (if necessary, use additional sheet to include last 7 years).

EDUCATION: Did you graduate from high school (or obtain G.E.D.)? Yes ___ No ___

Did you attend college/university? Yes ___ No ___

If yes, please list colleges/universities attended, number of years attended, and degree and major if you graduated.

College/University (include city & state)	Number of Years Attended	Did You Graduate? Yes / No		Degree and Major

Please list any scholastic honors, awards, subjects of special study, research, publications and/or thesis:

ADDITIONAL INFORMATION

Position applied for or type of work desired _____

Date you can start _____

Availability (*check all that apply*): ☐ Full time ☐ Part time ☐ Temporary ☐ Evenings ☐ Weekends

Are you willing and available to work overtime as necessary? Yes ___ No ___

Can you travel if the job requires it? Yes ___ No ___

Are you able to perform the duties of the job you are applying for with or without accommodation? Yes ___ No ___

If you require an accommodation, please describe:

Have you ever been convicted of a misdemeanor involving theft, misrepresentation or moral turpitude, or of any felony?
Yes ___ No ___

If yes, for each conviction, provide the date and place of conviction and the type of crime, below.

A conviction will not necessarily bar you from employment.

Are you legally entitled to work in the United States? Yes ___ No ___

Describe the computer systems and software with which you have worked. Rate your proficiency in each (1 = limited knowledge; 5 = extremely skilled):

Describe any specialized training, apprenticeships and/or skills that you possess that you believe are relevant to the position for which you are applying: _____

Do you have any other experiences, skills, or abilities that you feel especially qualify you for work with our company? _____

PROFESSIONAL ASSOCIATIONS, CERTIFICATIONS, OR LICENSES

Please list any professional, trade, business or civic activities in which you have been involved, and offices held. You may exclude membership or activities which would reveal race, color, religion, creed, gender, national origin, age, ancestry, disability and/or handicap, or any other legally protected status. Also list any certifications or licenses that you possess, including the state(s) in which they are valid:

Within the last 10 years:

Have you ever been disciplined or discharged from any employment (or resigned in lieu of discharge) for poor job performance, theft or a related offense, fighting or assault, insubordination, violation of safety rules, absenteeism or any attendance related reason? Yes ____ No ____ If yes, please explain: _____

Have you ever been disciplined or discharged from any employment (or resigned in lieu of discharge) for any reason other than those listed above? Yes ____ No ____ If yes, please explain: _____

PRE-EMPLOYMENT STATEMENT

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW.

In consideration of the acceptance of my application by the Trumbull County Mental Health and Recovery Board (TCMHRB), I understand, agree and/or certify to the following:

1. I certify that all information I have provided on this application, and on any other documents submitted with it, is true, accurate, and complete to the best of my knowledge and belief. I understand that falsification, misrepresentation or omission of any information on my application, resume, or any other materials, or which I supply during any interviews, will be justification for withdrawing any offer of employment or, if employed, termination from employment, ***regardless of when the falsification, misrepresentation or omission is discovered by TCMHRB.***
2. Any offer of employment I may receive from TCMHRB is contingent upon my successful completion of the organization's total pre-employment screening process. This process may include, but not be limited to, the following:
 - a. Receipt by the Board of references that it considers satisfactory;
 - b. My satisfactory completion of any post-offer pre-employment medical examination that TCMHRB may require;
 - c. Passing a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to a medical examination or an alcohol and/or drug screening at any time at the discretion of TCMHRB. I hereby consent to having the results of any such post-offer pre-employment or post-employment medical exam or alcohol and/or drug screening disclosed to TCMHRB.
3. I hereby grant TCMHRB permission to contact all of my present and former employers and those individuals I have listed as personal references (unless specifically excluded in writing). I authorize and request that such employers and references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities, and other qualities pertinent to my qualifications for employment. Further, and in accordance with the *Authorization to Obtain a Consumer Report*, which has been provided me, I authorize TCMHRB, or its agent, to obtain transcripts from all educational institutions I have attended and to conduct whatever additional investigation (e.g., educational verification, criminal check, motor vehicle record, and credit check) which may be needed to obtain or verify information regarding my application, resume, any other materials, or any interviews, or concerning my qualifications for employment. I hereby release all parties from any and all liability for damages arising from furnishing the requested information.
5. I also understand that, if hired into a position that is not a ~~%classified+~~ position under the Ohio State Civil Service system, my employment is to be ~~%At Will+~~ and that either I or TCMHRB may terminate my employment at any time, with or without cause, unless the ~~%At Will+~~ arrangement is modified by a written agreement signed by both me and April Caraway, Executive Director of TCMHRB. No verbal representations contrary to my ~~%At-Will+~~ status may be relied upon.
6. I authorize TCMHRB to deduct and/or withhold from my final paycheck any amounts due and owing by me for my failures, if any, to return any TCMHRB property and/or to satisfy any financial obligations to TCMHRB that I may have, arising or occurring prior to the date of the issuance of my final paycheck.
6. I understand that my application will remain active for 60 days, and that to be considered for a job with TCMHRB after that, I must reapply. If I am hired, this application becomes part of my official employment record.
7. I UNDERSTAND THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH TCMHRB MUST BE FILED NO MORE THAN **SIX (6) MONTHS** AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT. I HEREBY AGREE TO WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

Applicant's Signature

Date