

**Mental Health Association of Alameda County;
Family Education and Resource Center (FERC)**

440 Grand Avenue, Suite 360, Oakland, CA 94610

Phone: (510) 746-1700 | Fax: (510) 746-1701

Full-Time Position Available - Open Until Filled

Family Advocate

If you are, or have been, a family member/primary caregiver responsible for, or closely involved in the life of a loved one with a serious mental illness or emotional disturbance (adult or child) whether biologically related or not, The Mental Health Association of Alameda County encourages you to apply for a full time, benefitted position currently available with its program. Seeking persons with 'PERSONAL LIVED EXPERIENCE' that now drives their passion for serving other family members/caregivers needing hope and support. No 'on the job' experience in the mental health field is required; however there is an extensive three month (minimum) Family Advocate training curriculum to be completed prior to working with families.

THE PROGRAM

The Family Education and Resource Center ('FERC') is a family/caregiver-centered program that provides information, education, and support services to family/caregivers of children, adolescents, transitional age youth, adults, and older adults with serious emotional disturbance or mental illness living in all regions of Alameda County. These services are provided in a culturally competent manner, reaching out to people of various ethnicities and language groups. The FERC is a component of Alameda County's Community Services & Support plan, funded with Mental Health Services Act (MHSA) dollars and operated by the Mental Health Association of Alameda County (MHAAC) under contract with Alameda County Behavioral Health Care Services.

ESSENTIAL DUTIES:

Under the supervision and guidance of the Lead Family Advocate, Family Advocates' duties may include, but are not limited to the following:

- * Assist family/caregivers in navigating the complex behavioral health care system in Alameda County
- * Support family/caregivers by phone or by in-person consultation
- * Provide a full range of information, support, encouragement, advocacy, and referral to appropriate community resources, and related services in order to assist the family/caregiver in coping effectively with immediate and/or long-term situations.
- * Attend, facilitate and/or support family /caregivers self-help groups, existing family support groups and family peer support efforts.
- * Document key components of calls and activities (database, logbooks, etc)
- * Actively participate in liaison role with key partners such as NAMI affiliates (attend meetings, coordinate trainings, etc)
- * Active involvement in community outreach (e.g. table at health faires, schools, and other public venues, etc)

QUALIFYING EXPERIENCE:

CURRENT OR PREVIOUS EXPERIENCE AS A FAMILY MEMBER/PRIMARY CAREGIVER RESPONSIBLE FOR, OR CLOSELY INVOLVED IN THE TREATMENT OF, AN INDIVIDUAL HAVING AN EMOTIONAL DISTURBANCE OR MENTAL ILLNESS (CHILD OR ADULT), WHETHER BIOLOGICALLY RELATED OR NOT.

Personal Knowledge/experience of:

- * What it takes to be a family member/primary caregiver of someone with a serious emotional disturbance or mental illness.
- * The issues associated with having a family member with a serious emotional disturbance or mental illness as well as the physical, psychological, and emotional stressors which often accompany this experience
- * Advocating on behalf of a family member (child or adult) to obtain services and/or assistance.
- * Direct/personal experience navigating the behavioral health care system as the family member/primary caregiver of a child, adolescent, young adult, adult, or older adult.

Desirable or Highly Desirable (but not required) Qualifications:

- * Familiarity with the behavioral health care services in Alameda County (highly desirable);
- * **Bilingual** and/or bicultural (highly desirable); reflecting the communities we serve.
- * Familiarity with the National Alliance on Mental Illness ('NAMI') and/or CA United Advocates for Children and Families.
- * Graduate and/or trainer of the NAMI Family to Family Education Program or other NAMI signature educational and/or support program or the United Advocates for Children's EES Training.

Other Requirements:

Must have a motor vehicle available for daily use, possess a valid California driver's license, carry vehicle liability insurance, and have an acceptable motor vehicle report, as determined by MHAAC's insurance broker.

HOURS OF WORK: This is a full-time position. Mon – Fri: 9AM-5PM; some evenings and weekends.

WORK LOCATION: Alameda County. Exact office location - to be determined; FERC Main office is in Oakland, and satellite offices are in Livermore and Fremont.

SALARY: \$3,520 per month (DOE). Employee benefits include vacation and sick leave and employer-paid health/dental insurance.

TO APPLY: PLEASE FOLLOW THESE INSTRUCTIONS:

Secure an application packet by downloading it from the FERC website at www.askferc.org (click on 'Employment Opportunities'), or by picking it up at the FERC main office located at 440 Grand Ave., Suite 360, Oakland, 94610. Office hours are Monday thru Thursday 9am-5pm; Friday 9am-1pm. Fax to 510-746-1701. Please be sure to provide a fully completed application packet which includes: the Application, Supplemental Questions, and Affirmative Action Form. Application packets are not considered complete unless the Supplemental Questions have been answered; a resume is desirable, but does not replace the application and supplemental questions. If you have questions, you can reach the FERC office at (510) 746-1700.

Mental Health Association of Alameda County
An Equal Opportunity/Affirmative Action Employer
 Application for Employment as
Family Advocate - Family Education & Resource Center (FERC)

To apply, fill out and return this application either to
 the FERC office at 440 Grand Avenue, Suite 360, Oakland, CA 94610 or fax to 510-746-1701

Personal Information

After filling in form, please print out and sign by hand.

 (Last Name) (First Name) (Middle)

 (Address) (City) (State) (Zip)

(_____) _____
 Contact Phone No.

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.)

How did you hear about this position? _____

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.

 Date

 Applicant's Signature

NOTE: APPLICATION REQUIRES AN ORIGINAL, NON-DIGITAL SIGNATURE.

Education and Training

<u>School</u>	<u>Name and Address</u>	<u>No. of years Completed</u>	<u>Did you Graduate?</u>	<u>Degree or Diploma</u>
High School	_____ Name _____ City	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
College/ University	_____ Name _____ City	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Vocational/ Business	_____ Name _____ City	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Some of our potential clients do not communicate well in English. **Do you speak, write or understand any foreign language(s)?**
 Yes No If yes, which language(s)? _____

Personal References

1. _____ First Name	_____ Last Name	() _____ Telephone #
_____ Address	_____ City	_____ State _____ Zip
_____ Occupation	_____ Relationship to you	
2. _____ First Name	_____ Last Name	() _____ Telephone #
_____ Address	_____ City	_____ State _____ Zip
_____ Occupation	_____ Relationship to you	
3. _____ First Name	_____ Last Name	() _____ Telephone #
_____ Address	_____ City	_____ State _____ Zip
_____ Occupation	_____ Relationship to you	

Professional References

1. Name of employer: _____ Phone: _____
Address: _____ Phone: _____
Contact Person: _____ Relationship to Applicant _____
Dates of employment: From _____ To _____
Starting position: _____ Ending position: _____

2. Name of employer: _____ Phone: _____
Address: _____ Phone: _____
Contact Person: _____ Relationship to Applicant _____
Dates of employment: From _____ To _____
Starting position: _____ Ending position: _____

3. Name of employer: _____ Phone: _____
Address: _____ Phone: _____
Contact Person: _____ Relationship to Applicant _____
Dates of employment: From _____ To _____
Starting position: _____ Ending position: _____

Employment History

List below all present and past employment over the last twenty (20) years, starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

_____ Name of Employer		_____ Telephone No.	
_____ Type of Business		_____ Your Supervisor's Name	
_____ Address	_____ City	_____ State	_____ Zip
Dates of Employment:	_____ From	_____ To	Weekly Pay: _____ Starting Ending
_____ Your Job Title and Duties			
_____ Reason for Leaving			
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

_____ Name of Employer		_____ Telephone No.	
_____ Type of Business		_____ Your Supervisor's Name	
_____ Address	_____ City	_____ State	_____ Zip
Dates of Employment:	_____ From	_____ To	Weekly Pay: _____ Starting Ending
_____ Your Job Title and Duties			
_____ Reason for Leaving			
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Name of Employer

(_____) _____
Telephone No.

Type of Business

Your Supervisor's Name

Address

City

State

Zip

Dates of Employment: _____
From To

Weekly Pay: _____
Starting Ending

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

Weekly Pay: _____
Starting Ending

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

Weekly Pay: _____
Starting Ending

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

Weekly Pay: _____
Starting Ending

Your Job Title and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Supplemental Questions

Please answer the following questions:

1. What is your role as a family member/caregiver? How long have you been in this role?
2. As a family member/caregiver, did you experience a life changing event with your loved one that has brought you here today? Please describe.
3. What kind of difficult decisions have you had to make regarding your loved one's care and treatment?
4. Please describe your greatest achievement in advocating on behalf of your loved one. What did you find challenging? What was most rewarding?

5. How has being a family member/caregiver affected your life compared to where you thought your life would be today?

6. Please describe the qualities that you find necessary for a Family Advocate.

7. When you needed help with your loved one, what kind of support would you have hoped to receive from a Family Advocate?

8. What experiences, if any, have you had working with underserved populations? What were some of the disparities that you observed?

