

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

7200 Bancroft Avenue, Suite 269, Oakland, CA 94605

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

**Position Available- Jan- 2012 - Open Until Filled**

**Family Advocate**

If you are, or have been, a family member/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 new program. Seeking persons with a '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; will train.

**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 members / caregivers in navigating the complex mental health system of care in Alameda County
- \* Support family members/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/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:

- \* The family/caregiver experience.
- \* 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 mental health system as the family/caregiver of a child, adolescent, young adult, adult, or older adult.

**Desirable or Highly Desirable (but not required) Qualifications:**

- \* Familiarity with the mental health service system 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 drivers license, carry vehicle liability insurance with at least \$100,000/\$300,000 limits, and have an acceptable motor vehicle report, as determined by MHAAC's insurance broker.

**HOURS OF WORK:** This is a full-time position. M-F 9-5. 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 Oakland, Livermore, Hayward and Fremont

**SALARY:** \$3,485 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](http://www.askferc.org) (click on 'Employment Opportunities'), or by picking it up at the FERC main office located at 7200 Bancroft Ave., Suite 269, Oakland, 94605. Office hours are Monday thru Friday 9am-5pm. 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.



## 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: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

2. Name of employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Starting position: \_\_\_\_\_ Ending position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

3. Name of employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Starting position: \_\_\_\_\_ Ending position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

## 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:	_____ <b>From</b>	_____ <b>To</b>	Weekly Pay: _____ <b>Starting</b>
			_____ <b>Ending</b>
_____ 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:	_____ <b>From</b>	_____ <b>To</b>	Weekly Pay: _____ <b>Starting</b>
			_____ <b>Ending</b>
_____ 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?



