

Mental Health Association of Alameda County

Family Education and Resource Center

440 Grand Avenue, Suite 360, Oakland, CA 94610

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

Family Advocate: Full-Time Position Available - *Open Until Filled*

Turn your experience into a mental health career!

Are you a family member or caregiver of someone who lives with a mental health challenge? You can take your own experience supporting your loved one and apply it to helping other families who are going through similar challenges.

NO PROFESSIONAL EXPERIENCE NECESSARY. We have a rigorous training program that will prepare you as a Family Advocate with the Family Education and Resource Center (FERC), a program of the Mental Health Association of Alameda County (MHAAC).

What we offer:

- ✓ Competitive salary for no college degree required and unlicensed professionals
- ✓ Excellent health benefits package – including chiropractic and acupuncture sessions AND an unlimited comprehensive dental plan
- ✓ \$500 Sign-on Bonus
- ✓ Amazing vacation time-off accrual rates
- ✓ Personal Time Off
- ✓ On the job training
- ✓ Opportunities to attend local and state wide workshops and conferences
- ✓ Paid training to become a certified:
 - Family to Family facilitator through NAMI CA
 - Wellness Recovery Action Plan facilitator
 - Mental Health First Aid instructor
 -and more!

Our Mission

Our mission is to educate, advocate, and encourage self-care for family members navigating the complex behavioral health systems to get their loved ones with mental health challenges good care. We are a team of family caregivers who believe that families know their loved ones best and should be involved in their care. We help amplify voices of families and bridge the communication between providers and families.

Who WE are:

The Family Education and Resource Center (FERC) is a family- centered program that provides free education, advocacy, and support to family caregivers of a loved one with mental health issues

living in all regions of Alameda County. What makes FERC unique is that all of our staff have family or loved ones with mental health issues.

Since 2009, FERC has served over 20,000 families. We help families navigate complex systems and we educate family members about their rights/their loved one's rights all while encouraging self-care through our dedication and compassion, as people who have walked similar paths.

"We've been there, and we can help."

Who YOU are:

- A compassionate family member of a loved one who has a mental health challenge
- Real experience navigating the behavioral health system for your loved one to access / receive services
- Empathetic; you can understand the challenges other families are going through trying to advocate for their family member(s)
- You're always told by your friends that, "You're such a good listener."
- Ready to learn about family advocacy and what it takes to represent the voices of family caregivers in Alameda County

ESSENTIAL DUTIES:

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

- ✓ Assist clients in navigating the complex behavioral health care system in Alameda County
- ✓ Support clients by phone or by in-person consultation
- ✓ Provide a full range of information, support, encouragement, advocacy, and referrals to appropriate community resources, and related services in order to assist the clients 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, MAA billing, 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 fairs, schools, and other public venues, etc.)

Requirements:

- ✓ Direct lived experience as a family caregiver of a loved one who has a mental health challenge; professional experience does NOT replace the personal lived experience that is required
- ✓ 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

Highly Preferred:

Bilingual English and Spanish speaking or another language

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 located in Livermore and Fremont.

SALARY: \$3,520 per month (DOE).

SIGN-ON BONUS: \$500 total. \$250 paid upon hire plus \$250 paid upon successful completion of 6 month introductory period.

Employee benefits include vacation and sick leave and employer-paid health and dental insurance

FERC is a program of the Mental Health Association of Alameda County funded through Mental Health Services Act and operated under contract with Alameda County Behavioral Health Care Services

TO APPLY PLEASE FOLLOW THESE INSTRUCTIONS:

- ✓ Complete the FULL application which includes the supplemental questionnaire
- ✓ Resumes only will not be considered complete
- ✓ You may submit a Cover Letter in lieu of answering the supplemental questionnaire, however, if you do not write about your direct personal experience as a family caregiver, we will not know that you have fulfilled this requirement
- ✓ Applications are available online: www.askferc.org or www.mhaac.org You may also pick up a packet in person at any of our office locations
- ✓ Submitting an application:
 - Fax: 510-746-1701
 - Drop off at any of our office locations (*please refer to our website for addresses*)
 - Email to: jobs@MHAAC.ORG – Please indicate in the subject line: Family Advocate Position - FERC
 - No phone calls please

Application for Employment

Mental Health Association of Alameda County

954 60th Street, Suite 10, Oakland, CA 94608

Ph: (510) 835-5010

Fax: (510) 835-9232

Email: Jobs@MHAAC.org

Personal Information

_____	_____	_____	_____
Last Name	First Name	Middle Name	
_____	_____	_____	_____
Street Address	City	State	ZIP
(____) _____	_____		
Contact Phone Number	Contact Email		

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

How did you hear about this position? _____

Education and Training

<u>Type</u>	<u>Name/ Location</u>	<u>No. of Yrs Attended</u>	<u>Degree/ Graduate?</u> <u>Yes</u> <u>No</u>	<u>Certificate/ Degree Earned</u>
High School	_____	_____		
	City	State		

Optional
Comment:

<u>Type</u>	<u>Name/ Location</u>	<u>No. of Yrs Attended</u>	<u>Degree/ Graduate?</u>		<u>Certificate/ Degree Earned</u>
			<u>Yes</u>	<u>No</u>	
College/ University 1	_____				
	Name				
	_____	_____			
	City	State			
	<i>Optional</i> Comments:				

<u>Type</u>	<u>Name/ Location</u>	<u>No. of Yrs Attended</u>	<u>Degree/ Graduate?</u>		<u>Certificate/ Degree Earned</u>
			<u>Yes</u>	<u>No</u>	
College/ University 2	_____				
	Name				
	_____	_____			
	City	State			
	<i>Optional</i> Comments:				

<u>Type</u>	<u>Name/ Location</u>	<u>No. of Yrs Attended</u>	<u>Degree/ Graduate?</u>		<u>Certificate/ Degree Earned</u>
			<u>Yes</u>	<u>No</u>	
Business/ Vocational 1	_____				
	Name				
	_____	_____			
	City	State			
	<i>Optional</i> Comments:				

<u>Type</u>	<u>Name/ Location</u>	<u>No. of Yrs Attended</u>	<u>Degree/ Graduate?</u>		<u>Certificate/ Degree Earned</u>
			<u>Yes</u>	<u>No</u>	
Business/ Vocational 2	_____				
	Name				
	_____	_____			
	City	State			
	<i>Optional</i> Comments:				

Office Skills

Please indicate what level of experience you have with the following Microsoft programs.

- Outlook
- Word
- Excel
- Publisher
- PowerPoint
- MS Access

Other Specialized Skills

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)? _____

Do you have any experience with Medi-Cal or medical documentation? Yes No

Employment History

List below all present and past employment, starting with the current/ most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

Employment Dates _____
Start Date _____ End Date _____

Employer Name _____ (_____) _____
Employer Phone Number _____

Street Address _____ City _____ State _____ ZIP _____

Job Title _____

Job Duties

Reason for Leaving _____

Supervisor _____ (_____) _____
Name Phone # Email

May we contact this employer for a reference? Yes No

Employment Dates

Start Date

End Date

Employer Name

(____) _____

Employer Phone Number

Street Address

City

State

ZIP

Job Title

Job Duties

[Empty text box for Job Duties]

Reason for Leaving

Supervisor

Name

(____) _____

Phone #

Email

May we contact this employer for a reference?

Yes

No

Employment Dates

Start Date

End Date

Employer Name

(____) _____

Employer Phone Number

Street Address

City

State

ZIP

Job Title

Job Duties

[Empty text box for Job Duties]

Reason for Leaving

Supervisor

Name

(____) _____

Phone #

Email

May we contact this employer for a reference?

Yes

No

Employment Dates

Start Date

End Date

Employer Name

(____) _____

Employer Phone Number

Street Address

City

State

ZIP

Job Title

Job Duties

Reason for Leaving

Supervisor _____ (____) _____

Name

Phone #

Email

May we contact this employer for a reference?

Yes

No

Employment Dates

_____ Start Date _____ End Date _____

_____ (____) _____

Employer Name

Employer Phone Number

_____ Street Address _____ City _____ State _____ ZIP _____

Job Title

Job Duties

Reason for Leaving

Supervisor _____ (____) _____

Name

Phone #

Email

May we contact this employer for a reference?

Yes

No

Employment Dates

_____ Start Date _____ End Date _____

_____ (____) _____

Employer Name

Employer Phone Number

_____ Street Address _____ City _____ State _____ ZIP _____

Job Title

Job Duties

Reason for Leaving

Supervisor _____ (____) _____

Name

Phone #

Email

May we contact this employer for a reference?

Yes

No

References (at least 2 must be professional references)

1. _____ () _____
First Name Last Name Telephone #

Address City State Zip

Title/ Occupation Relationship to you
Is this a professional or personal reference? _____

2. _____ () _____
First Name Last Name Telephone #

Address City State Zip

Title/ Occupation Relationship to you
Is this a professional or personal reference? _____

3. _____ () _____
First Name Last Name Telephone #

Address City State Zip

Title/ Occupation Relationship to you
Is this a professional or personal reference? _____

4. _____ () _____
First Name Last Name Telephone #

Address City State Zip

Title/ Occupation Relationship to you
Is this a professional or personal reference? _____

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.

Applicant's Signature Date

Supplemental Questionnaire

FERC – Family Advocate

1. Please describe your role as a family caregiver.
2. What has been the most challenging experience supporting your loved one / your loved one's treatment?
3. What is your greatest achievement in advocating for your loved one?
4. Why do you want to be a Family Advocate with FERC?