



Family Education and Resource Center
440 Grand Avenue, Suite 360, Oakland, CA 94610
Phone: (510) 746-1700 | Fax: (510) 746-1701

Bilingual Family Advocate

3 Flexible Full-Time Positions Available

Turn your experience into a mental health career!

Are you a family member or caregiver of someone who lives with a mental health condition? 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 Bilingual Family Advocate with the Family Education and Resource Center (FERC), a program of the Mental Health Association of Alameda County (MHAAC).

We offer:

- Competitive salary – no college degree required and open to unlicensed professionals
- Bilingual Pay Differential for proficiency in a county threshold language
- 100% paid medical and dental coverage for the employee – including chiropractic and acupuncture sessions
- Alternatives to full-time work available (e.g. 30-40 hours) with flexible schedule
- Work from home temporarily due to Covid-19
- Generous time off benefits:
 - 13 paid Holidays, including the week between Christmas and New Years
 - Vacation leave 2 weeks per year, increases to 4 weeks by year four of employment
- Paid lunch break
- Reimbursement for work travel
- Paid volunteer 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!

The Mental Health Association of Alameda County (MHAAC) is a well-established non-profit organization with long term staff that assists and advocates for people with mental illness and their family members through programs including the Family Education and Resource Center, the Family Partnership Program and Patients' Rights Advocacy. Together, these programs assist thousands of people with serious mental illness and their family members every year. We envision a world without stigma where people with mental health conditions and their family members are free to live their best lives. MHAAC's current budget is around \$4 million.

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

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 living with mental health conditions and resides 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.

FERC's programmatic components include: a warm-line; education, training and support for family/caregivers; a resource center; assistance with AB1424 Historical Information Forms; support for the development of family leadership; support for the African American Family Outreach Program (AAFOP); and collaboration with other MHAAC funded programs.

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

YOU are:

- A compassionate family member of a loved one who has a mental health condition
- Experienced in navigating the behavioral health system for your loved one to access and receive services
- Empathetic; you can understand the challenges other families are going through trying to advocate for their family member(s)
- You've 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 JOB 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 via phone, virtual meetings, 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.)

MINIMUM QUALIFICATIONS:

- Direct lived experience as a family caregiver of a loved one who has a mental health condition or serious mental illness; professional experience does NOT replace the personal lived experience that is required
- Bilingual English and Spanish speaking; or English and another Alameda County threshold language (e.g Cantonese, Farsi, Mandarin, Tagalog, Vietnamese)
- 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
- Have proficiency in Microsoft Office – Outlook (email) and Word (documents)
- Must be able to provide proof of full Covid-19 vaccination
- Must successfully pass a fingerprint background check by CA-DOJ and the FBI

ADDITIONAL DESIRED QUALIFICATIONS:

- Bachelor's degree
- Experience navigating Alameda County Behavioral Health (ACBH) care system
- Experience working in a non-profit environment
- Experience using video-based platforms such as Zoom
- Experience working with diverse populations in underserved communities

HOURS OF WORK: Flexible full-time (30-40 hours per week). Office open Mon – Fri: 9AM-5PM. Schedule TBD – may require some evening and weekend work on occasion.

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: \$20.67 per hour (approx. \$43,000 annually), plus 4.5% Bilingual Pay Differential for actual hours worked.

TO APPLY PLEASE FOLLOW THESE INSTRUCTIONS:

- ✓ Complete the FULL application in English 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.mhaac.org
- ✓ Submitting an application:
 - Email to: jobs@MHAAC.ORG – Please indicate in the subject line: Family Advocate Position – FERC
 - If you are selected for an interview, it will be conducted in both English and Spanish
 - No phone calls please

The Mental Health Association of Alameda County is an equal opportunity employer to all, regardless of age, ancestry, color, (mental and physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition, military or veteran status, national origin, political affiliation, race, religious creed, sex (includes pregnancy, childbirth, breastfeeding and related medical conditions), and sexual orientation.

We are also committed to offering an inclusive and accessible experience for all job seekers, including individuals with disabilities. Our goal is to foster an inclusive and accessible workplace where everyone has the opportunity to be successful. If you need a reasonable accommodation to search for a job opening, apply for a position, or participate in the interview process, connect with us and describe the specific accommodation requested for a disability-related limitation.

**FERC – Bilingual Family Advocate
Supplemental Questionnaire**

1. Please describe your role as a family caregiver.

2. What has been the most challenging experience supporting your loved one?

3. What is your greatest achievement in advocating for your loved one?

4. Which languages - other than English - do you speak and write?

5. Why do you want to be a Bilingual Family Advocate?

6. Do you have intermediate level knowledge of MS Office 365: Outlook (email), Word (documents)?

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	_____	_____		
	Name			
	_____	_____		
	City	State		
	type below:			
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 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 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 Reference Email
Is this a professional or personal reference? _____

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

Address City State Zip

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

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

Address City State Zip

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

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

Address City State Zip

Title/ Occupation Relationship to you Reference Email
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