



MENTAL HEALTH ASSOCIATION OF ALAMEDA COUNTY

954 60th Street, Suite 10
Oakland, CA 94608

EXCITING POSITION AVAILABLE (*Flexible FULL-TIME*)

FAMILY PARTNER/PEER SUPPORT POSITION

Do you have personal experience raising a child with special education or mental health needs?

Would you like to share your knowledge and experience with others? Turn your personal experience into a rewarding mental health career!

- Competitive Salary
- 100% paid medical and dental for the employee including acupuncture and chiropractic treatments
- Alternatives to full-time work available (e.g 30-40 hours) with flexible schedule
- Generous time off benefits:
 - 13 Paid Holidays, including the week between Christmas and New Years
 - Vacation leave of 2 weeks per year, increases to 4 weeks by year four of employment
- Paid lunch break
- Paid volunteer time-off
- Supportive and collaborative work environment
- Training and growth opportunities
- Reimbursement for work travel
- Bilingual Pay Differential for proficiency in county threshold language
- Work from home temporarily due to COVID-19

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 challenges and their family members are free to live their best lives. MHAAC's current budget is around \$4 million.

FAMILY PARTNERSHIP PROGRAM

The Family Partnership Program works with a multidisciplinary team to help support the families and caregivers of children and young adults. Family Partners help families with obtaining community services and support; they also participate in trainings and education on mental health and special education needs. The Family Partnership Program provides services within the Alameda County Behavioral Health (ACBH) system serving children and young adults.

TYPICAL DUTIES AND RESPONSIBILITIES

- Partner with other professionals as part of ACBH multidisciplinary child and young adult services
- Assist and mentor families navigating Alameda County System of Care services: behavioral health, special education, child welfare, and juvenile justice
- Assist families in obtaining community services and support
- Participate in training, conferences and workshops related to youth and family issues
- Assist families to become empowered, advocate and educated as members of their child's treatment team

MINIMUM QUALIFICATIONS

- Must have personal experience raising a child who has received services (mental health, special education, social services, and/or juvenile probation)
NOTE: Education/professional experience does NOT replace the personal lived experience that is required
- Possess a valid California driver's license, working vehicle and required insurance.
- Possess a high school diploma, or equivalency certificate.
- Proficiency in Microsoft Office – Outlook and Word

ADDITIONAL DESIRED QUALIFICATIONS

- Experience delivering services using video-based platforms such as Zoom
- Bilingual – Spanish/English

HOURS OF WORK: 30 - 40 hours per week, flexible full-time, including paid lunch break

LOCATION: This position will be based in San Leandro, CA. The Family Partner will be required to travel by car to clients and meetings within Alameda County once we resume in-person work

SALARY: \$20.67 per hour (approximately \$43,000 annually). Employee benefits include generous vacation, sick leave, and health/dental insurance. Required travel for clients and meetings is reimbursed at the federal reimbursement rate

TO APPLY: A statement describing your parenting experience must be included with your application. Submit your resume and/or completed job application via email to jobs@mhaac.org or by mail to:

Mental Health Association of Alameda County
954 60th Street, Suite 10
Oakland, CA 94608
Attn: Family Partner Position

The Mental Health Association of Alameda County is an equal opportunity employer to all, regardless of age, ancestry, color, disability (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

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 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 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