

Mental Health Association of Alameda County
954 60th St., Ste. 10, Oakland, CA 94608
Phone: (510) 835-5010 | Fax: (510) 835-9232

**African American Family Outreach Worker/Family Advocate - Family Education
& Resource Center**

Exciting opportunity to be the first dedicated staff person for the Mental Health Association of Alameda County's African American Family Outreach Program (AAFOP). The AAFOP provides five Saturday educational workshops per year designed to provide education, resources and support to African Americans who care for family members with mental health challenges, serious mental illness and/or substance abuse disorder. This work is supported through the efforts of a longstanding volunteer Steering Committee and will be supervised by the Family Education and Resource Center (FERC). In addition to the five workshops, the African American Family Outreach Worker will be responsible for furthering our outreach into the African American community in Alameda County by engaging with African American faith-based groups, medical clinics and other African American focused organizations. This position will also coordinate the work of the African American Family Support Group which is offered monthly in the evening. Finally, 50% of this individual's time will be spent as a Family Advocate. FERC Family Advocates provide support, resource and referral to families caring for family members with a mental health challenge.

MHAAC is a well-established non-profit organization with long term staff that assists and advocates for people with mental health challenges and their family caregivers 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 mental health challenges and family caregivers every year. MHAAC's current budget is around \$4 million.

FERC programmatic components include: a warm line; education, training and support for family/caregivers; a resource center; assistance with AB1424 forms; support for the development of family leadership; and collaboration with other MHSA funded programs.

AFRICAN AMERICAN FAMILY OUTREACH WORKER/FAMILY ADVOCATE

Post pandemic, this position will be sited at FERC's main location in Oakland in a premier location overlooking Lake Merritt and within walking distance to numerous restaurants and shops. We seek an African American Family Outreach Worker/Family Advocate who is part of the community served. The primary hours for this position will be Tuesday – Saturday from 10 a.m. – 6:00 p.m., but will require flexibility inclusive of the monthly African American Family Support Group which is held in the evening. The incumbent will also be trained as a Family Advocate and will additionally carry a half-time caseload as a Family Advocate.

PRIMARY JOB RESPONSIBILITIES

African American Family Outreach Worker duties:

- Provides coordination and support to the monthly African American Family Support Group.
- Works with AAFOP steering committee to plan, schedule and execute five African American Family Outreach workshops each fiscal year inclusive of locating the venue, securing speakers, promoting the event, and securing food and other materials. Facilitates evaluation of events and prepares required reports to MHSA contract monitor.
- Tables at African American oriented community-based events throughout Alameda County to promote the program and reach unserved individuals.
- Works with Alameda County faith-based and other organizations that serve African Americans.

Family Advocate duties:

- 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.)

MINIMUM REQUIREMENTS:

- Lived experience as a caregiver of an individual with mental health challenges.
- Knowledge of African American history and culture.
- Six months of outreach experience.
- Must live in Alameda County and be part of the community served.

PREFERRED REQUIREMENTS:

- Bachelor's degree in related field. Experience assisting others in navigating the mental health system in Alameda County.
- Intermediate level knowledge and experience working with the Microsoft Office 365 software suite.

The successful candidate 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.

The starting salary for this full-time nonexempt position is \$20.67 per hour. Employee benefits include 100% employer paid health, dental and chiropractic coverage for employees and generous time off benefits. A 401 (k) plan is available. The Association is an equal opportunity employer and strives to maintain a diverse workforce.

TO APPLY:

Please email resume and cover letter to:

Jobs@mhaac.org

Please include "**African American Family Outreach Worker/Family Advocate**" in the title of your email.

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 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
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