

NOW RECRUITING!

Are you a behavioral health consumer or family member who is interested in providing peer support to other DBH consumers?

Do you enjoy being hands on and helping others? Would you like to serve your community and gain experience in the behavioral health system of care?

The Department of Behavioral Health

Is Accepting Applications For:

Peer and Family Advocate I*

\$12.74 - \$17.48 Hourly

Peer and Family Advocate II*

\$13.33 - \$18.36 Hourly

Peer and Family Advocate III*

\$14.03 - \$19.07 Hourly

Bilingual applicants are HIGHLY ENCOURAGED to apply! *Extra compensation may be available for verified bilingual skills

This is an annual recruitment and will be used to fill positions for the next 12 months

Qualified applications will be placed on the eligible list, disqualified applicants will be notified via mail 4-6 weeks after recruitment closes.

Minimum Requirements

- High School Diploma, GED equivalent, or certification in Consumer Readiness and
 - A California Identification Card or Driver's License

Please note: A background check will be completed as part of contingent job offer

Completed applications due by:

August 19, 2016

Log on to www.SBCounty.gov/DBH to submit an online application

For paper applications, or if you need assistance, please call (800) 722-9866

or email Training@dbh.sbcounty.gov

Submit paper applications to: ATTN: Ashley Banks 1950 S. Sunwest Lane, Suite 200 San Bernardino, CA 92415

For alternative communication methods, call: 800-722-9866 or 7-1-1 for TTY users.

San Bernardino County is an Americans with Disabilities Act Compliant Employer





Behavioral Health



Peer and Family Advocate I

Class Code: 06009

Bargaining Unit: Non Represented

COUNTY OF SAN BERNARDINO Established Date: Oct 12, 2006 Revision Date: Jan 3, 2009

SALARY RANGE

\$12.74 - \$17.48 Hourly \$1,019.20 - \$1,398.40 Biweekly \$2,208.27 - \$3,029.87 Monthly \$26,499.20 - \$36,358.40 Annually

DEFINITION:

Under immediate supervision positions in this classification are mental health consumers and/or their family members who will provide crisis response services, peer counseling, and linkages to services and supports for consumers of the Department of Behavioral Health's (DBH) services; assist with the implementation, facilitation and on-going coordination activities of the Community Support and Services Plan in compliance with the Mental Health Services Act (MHSA) requirements; perform related duties as required.

DISTINGUISHING CHARACTERISTICS:

This is the entry level in the series. Positions in this class will be assigned to the most simple consumer cases or administrative functions and perform limited and routine tasks following well established procedures and/or detailed instructions. It is distinguished from the Peer and Family Advocate II in that the latter is the journey level and will be assigned to cases or duties that are more complex and will be required to have more experience than the entry level class.

EXAMPLES OF DUTIES:

Duties may include, but are not limited to the following:

1. Conduct one on one or group sessions with consumers and/or their families to collect data for screenings, applications, records, and needs assessments.

2. Serve as an advocate for consumers to access DBH and community resources like TAY Centers, clubhouses, social events, wellness and recovery activities, self-help groups, and mental health and drug and alcohol services; make appointments and assist with transportation needs.

3. Conduct various types of support groups, classes, wellness and recovery activities, and recreational activities throughout the department and contract agencies; promote the Mental Health Service Plan.

4. Plan, develop, and organize materials for groups, keep attendance and participation records; develop basic reports.

5. Support department outreach efforts by assisting with presentations on legislation, wellness and recovery, and department services at various locations.

6. Responds to and assists with departmental inquiries regarding fiscal, budgetary, administrative and organizational requirements within the mental health system.

7. Performs administrative functions such as processing paperwork; answering telephone calls, including service calls; ordering supplies; data entry; and website and social media maintenance and updates.

8. Provide vacation and temporary relief as necessary.

COUNTY OF SAN BERNARDINO AS 2/14/13

SALARY RANGE:

27

SUPPLEMENTAL INFORMATION:

This classification is in the Unclassified Service.

MINIMUM REQUIREMENTS:

High School Diploma, GED equivalent, or certification in Consumer Readiness and California Identification Card or Driver's License.

3/11/08



Peer and Family Advocate II

Class Code: 06010

Bargaining Unit: Non Represented

COUNTY OF SAN BERNARDINO Established Date: Oct 12, 2006 Revision Date: Jan 3, 2009

SALARY RANGE

\$13.33 - \$18.36 Hourly \$1,066.40 - \$1,468.80 Biweekly \$2,310.53 - \$3,182.40 Monthly \$27,726.40 - \$38,188.80 Annually

DEFINITION:

Under immediate supervision positions in this classification are mental health consumers and/or their family members who will provide crisis response services, peer counseling, and linkages to services and supports for consumers of the Department of Behavioral Health's (DBH) services; assist with the implementation, facilitation and on-going coordination activities of the Community Support and Services Plan in compliance with the Mental Health Services Act (MHSA) requirements; perform related duties as required.

DISTINGUISHING CHARACTERISTICS:

This is the journey level in the series. Positions in this class are characterized by the requirement to have more experience and by the assignment of more responsible and complex duties that require more skills and knowledge than the entry level classification. Tasks are performed by following well defined procedures or instructions..

This class is distinguished from Peer & Family Advocate III in that the latter is the most advanced level in the series and positions are expected to perform a wider variety of duties including program development and training.

EXAMPLES OF DUTIES:

Duties may include, but are not limited to the following:

1. Conduct one on one or group sessions with consumers and/or their families to collect data for screenings, applications, records, and needs assessments.

2. Plan, develop, and organize materials for groups, keep attendance and participation records; develop basic reports.

3. Develop and facilitate educational, skills building, recreational and advocacy groups with consumers at Department service, community and contract agency sites.

4. Plan, develop, prepare, and conduct presentations on a variety of topics including Mental Health Services Act, DBH services, Wellness and Recovery model, and personal development and experiences.

5. Access and distribute to the public various internet resources related to education; utilize the computer to maintain files, records, and basic statistics on program activities,

participation, and attendance.

6. Serve as a mentor to teach and show consumers and family members how to function more independently and in finding and accessing community resources.

7. Serve on various DBH committees, attend meetings, provide feedback reports and make recommendations to DBH administration to assist the department with achieving the goals and objectives of the Mental Health Services Act (MHSA).

8. Assist consumers to develop and implement client directed councils and self-governed consumer entities and groups.

9. Responds to and assists with departmental inquiries regarding fiscal, budgetary, administrative and organizational requirements within the mental health system.

10. Performs administrative functions such as processing paperwork; answering telephone calls, including service calls; ordering supplies; data entry; and website and social media maintenance and updates.

11. Provide vacation and temporary relief as necessary.

COUNTY OF SAN BERNARDINO AS 2/14/13

SALARY RANGE:

29

SUPPLEMENTAL INFORMATION:

This classification is in the Unclassified Service.

MINIMUM REQUIREMENTS:

High School Diploma, GED equivalent or certification in Consumer Readiness and a California Identification or Driver's License and 2,080 hours of volunteer or paid experience in mental health, social or human services.

3/11/08



Peer and Family Advocate III

Class Code: 06011

Bargaining Unit: Non Represented

COUNTY OF SAN BERNARDINO Established Date: Oct 12, 2006 Revision Date: Jan 3, 2009

SALARY RANGE

\$14.03 - \$19.27 Hourly \$1,122.40 - \$1,541.60 Biweekly \$2,431.87 - \$3,340.13 Monthly \$29,182.40 - \$40,081.60 Annually

DEFINITION:

Under supervision, positions in this classification are mental health consumers and/or their family members who will provide crisis response services, peer counseling, and linkages to services and support for consumers of the Department of Behavioral Health's (DBH) services; assist with the implementation, facilitation and on-going coordination activities of the Community Support and Services Plan in compliance with the Mental Health Services Act (MHSA) requirements; perform related duties as required.

DISTINGUISHING CHARACTERISTICS:

This is the highest level in the series. This class is distinguished from Peer & Family Advocate II in that it is the more advanced level and positions require more experience than the lower level classifications and are expected to perform a wider variety of more responsible and complex duties with emphasis on program development and training.

EXAMPLES OF DUTIES:

Duties may include, but are not limited to the following:

1. Conduct one on one or group sessions with consumers and/or their families to collect data for screenings, applications, records, and needs assessments.

2. Plan, develop, and organize materials for groups, keep attendance and participation records; develop basic reports.

3. Develop and facilitate educational, skills building, recreational and advocacy groups with consumers at Department service, community and contract agency sites.

4. Plan, develop, prepare, and conduct presentations on a variety of topics including Mental Health Services Act, DBH services, Wellness and Recovery model, and personal development and experiences.

5. Develop partnerships with diverse community and consumer groups, including advocacy, self-help, family alliances and parent groups.

6. Serve as a mentor to teach ad show consumers and family members how to function more independently and in finding and accessing community resources.

7. Provide assistance to the department by developing and implementing human resource development projects and training consumers and family members on processes and programs to improve consumer relations, consumer satisfaction, and consumer

understanding in culturally diverse communities.

8. Assist with the development and maintenance of communications materials for consumers and family members

9. Provide support to the Wellness and Recovery Committee, the Mental Health Services Act staff, and DBH administrative staff by assisting with the development and implementation of wellness and recovery strategic plans.

10. Coordinate the ongoing development of consumers in DBH planning and program development activities.

11. Responds to and assists with departmental inquiries regarding fiscal, budgetary, administrative and organizational requirements within the mental health system.

12. Performs administrative functions such as processing paperwork; answering telephone calls, including service calls; ordering supplies; data entry; and website and social media maintenance and updates.

13. Provide vacation and temporary relief as necessary.

COUNTY OF SAN BERNARDINO AS 2/14/13

SALARY RANGE:

31

SUPPLEMENTAL INFORMATION:

This classification is in the Unclassified Service.

MINIMUM REQUIREMENTS:

High School Diploma, GED equivalent or certification in Consumer Readiness and a California Identification Card or Driver's License and 4,160 hours of paid or volunteer experience in mental health, social or human services and certification of completion in Mental Health Worker Training Program which must be completed prior to end of the probationary period.

3/11/08

Department of Behavioral Health GRADUTATE STUDENT INTERN, STUDENT INTERN, and PEER AND FAMILY ADVOCATE APPLICATION

FAILURE TO COMPLETE ALL ITEMS ON THIS APPLICATION WILL RESULT IN YOUR ELIMINATION FROM THE EXAMINATION PROCESS.							
Job Title(s) for which you are a	applying:						
Last Name	First Na	ime	MI	Month/Day of B	irth: MM:	/DD:	Last Name at Birth
List any other names you have	e ever used			I prefer Human	Resources not	ify me by: (sele	ct one) 🛛 E-mail 🗖 Paper
Mailing Address	/	Apt #		City		State	Zip Code
Primary Phone		Alternate Phone			E-Mail Addre	ess	
WORK AVAILABILITY: Indic	ate the type	l of appointment you	will accept.	II-Time	Part-Time	Temporary	or Extra-Help
WORK SHIFT: Indicate your a	availability fo	r the following. Ref	iusing a shift you h	ave selected will r	esult in remova	al from the list.	
□ Day □ Swing		Night		Rotating		□ Weeker	
WORK LOCATION: Indicate removal from the list.	all locations v	where you are willir	ng to accept employ	yment. Refusing	a job offer, if yo	ou check its loca	ation below, will result in
WEST END	VALLEY		LOWER DESER	RT I	JPPER DESEF	RT	MOUNTAINS
Ontario/Chino	□ San Ber	nardino/Colton	□ 29 Palms	[□ Victorville/He	esperia	Crestline
Rancho Cucamonga	Fontana	/Rialto	□ Joshua Tree/ Valley	Yucca	□ Barstow		□ Running Springs
	□ Redland Loma Li	•	-	[□ Needles		□ Big Bear
							 Lake Arrowhead/Blue Jay/ Twin Peaks
BILINGUAL SKILLS: List any	/ languages o	other than English i	n which you are flu	ent			D Write D Speak
Are you a former or current of If so list applicable job title(s) a	and Departme			-			
You must include all your fo				the work history	section of this	s application.	
How did you learn about this	-		County website		her County em		
□ Job Fair:		paper/Journal:		U Website:		Other:	
CERTIFICATE OF APPLICANT : I certify that all statements made in this entire application, including any attachments, are true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification or dismissal. I have completed all sections of the application and supplemental application. I understand that I cannot change or amend any information related to the minimum requirements for this position once my application has been submitted. I may only change information regarding personal or contact information or job availability preferences.							
☐ I have read and agree with	the above s	tatement					
		- RE	VERSE SIDE MUS	T BE COMPLET	ED -		

provide all information each job title separate	de a complete employment his as requested on this applicati ly, even if the employer is the s	ion. <u>Do not refer to a</u> same. Incomplete inf	a résumé. Onlv th	ose jobs listed will be co It in disqualification.	nsidered in dete	ermining your eligibility. List
From (Mo/Day/Yr)	Title of Your Most Recent Position	Company Name		Phone	Name & Title	of Immediate Supervisor
To (Mo/Day/Yr)	Number and Street	I	City	State	Reason for Le	eaving
Hours Worked Per Week	Description of Duties					
						FOR OFFICE USE
From (Mo/Day/Yr)	Title of Position	Company Name		Phone		of Immediate Supervisor
To (Mo/Day/Yr)	Number and Street		City	State	Reason for Le	eaving
Hours Worked Per Week	Description of Duties					
						FOR OFFICE USE

provide all information each job title separate	de a complete employment his as requested on this applicati ly, even if the employer is the s	ion. <u>Do not refer to a</u> same. Incomplete inf	a résumé. Onlv th	ose jobs listed will be co It in disqualification.	nsidered in dete	ermining your eligibility. List
From (Mo/Day/Yr)	Title of Your Most Recent Position	Company Name		Phone	Name & Title	of Immediate Supervisor
To (Mo/Day/Yr)	Number and Street	I	City	State	Reason for Le	eaving
Hours Worked Per Week	Description of Duties					
						FOR OFFICE USE
From (Mo/Day/Yr)	Title of Position	Company Name		Phone		of Immediate Supervisor
To (Mo/Day/Yr)	Number and Street		City	State	Reason for Le	eaving
Hours Worked Per Week	Description of Duties					
						FOR OFFICE USE

EDUCATION: (If Job Announcement requires coursework in specific areas, attach a list of applicable completed courses.)						
College or University (City, State)	Major/Minor	Type of Degree (Associate's, Bachelor's)	Units Completed			
Conege of Oniversity (only, otate)	majoriminor	Degree Completed	Semester	Quarter		
		□ Yes □ No				
		□ Yes □ No				
		□ Yes □ No				
LICENSES/CERTIFICATIONS: Use this space to list license or certificate number and expiration date; other courses, training or education specifically required.						

I understand that I cannot update my application once I have submitted it. Therefore, I have completed all sections and provided full descriptions of my duties and responsibilities for each employer, and have fully reviewed my answers to all questions on the supplemental prior to submitting my application.

I understand

NOTE: If you believe your civil rights in employment matters have been violated at any time during the course of your consideration for employment, contact the Equal Employment Opportunity Office, 157 West Fifth Street, First Floor, San Bernardino, CA 92415-0440, phone: (909) 387-5582 (do not call this number for general employment or job application information). For employment information call: (909) 387-8304.

Thank you for your interest in employment with the County of San Bernardino, The Employer of Choice!

Please note that we are unable to provide photocopies of applications, résumés or other materials. ONLY those materials specifically requested by this office will be retained; all others will be discarded.

The following terms were accepted by the applicant upon submitting the online application:

By clicking on the 'Accept' button, I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation of material facts will subject me to disqualification or dismissal. I understand that I may be required to verify any and all information given on this application. I understand that the County of San Bernardino may contact prior employers and other references.

I understand that this completed application is the property of the County of San Bernardino and will not be returned. ONLY those materials specifically requested by this office will be retained; all others will be discarded in a secure manner.

I understand that it is my responsibility to report any changes in name, address, or phone number.

Accept



Peer and Family Advocate Supplemental Questions

(If additional space is needed, use a sheet of paper with information included and attach to this form)

1.				ighout the County is required for this position. I understand that I must have a valid California er's license.			
		unc	ders	tand.			
2.							
3.	3. Describe your experience using the following:						
		Α.	Pe	sonal Computer Applications: Give examples of how you use each application.			
			a.	Word: Beginner Intermediate Advanced			
				Typing speed:			
			b.	Outlook/e-mail: Beginner Intermediate Advanced			
			c.	Other:			
		D	Tal	enhene: Cive exemples of your telephone experience			
		в.	rei	ephone: Give examples of your telephone experience.			
	I						
4.	Des	crib	e yc	ur experience working with individuals with Mental Illness.			
			•				

5.	Describe your work experience in conflict resolution.
6.	Describe your people skills in organizing and promoting activities.
7.	Describe your field experience and willingness to work with people with Mental Illness in their home,
	community, church, or other public settings.