JOB DESCRIPTION

JOB TITLE: Family Peer Advocate
PROGRAM/DEPARTMENT: Family Support Services
IMMEDIATE SUPERVISOR: Supervisor of Family Peer Support
Last Updated: Feb. 2018, Jul 2021

POSITION SUMMARY
Assist Caregivers of children with Mental Health concerns to develop skills in the area of coping and advocacy, in the home and in the community, in order to foster family cohesion and build natural support systems.

QUALIFICATIONS:
Minimum Required Formal Education, Training & Background Experience
- High School Diploma or equivalent.
- Be the parent or primary caregiver with direct responsibility and 'lived experience' caring for a child with emotional or behavioral issues.
- Begin the level one Family peer advocate training required and the application process to become a provisionally certified family peer advocate.
- Meet NYS Office of Mental Health’s Family Peer Advocate credential within 18 months of employment.

Preferred Formal Education, Training & Background Experience
- Experience working with parents and families of children with special needs.
- Experience navigating community resources to obtain and maintain supports for families and children with special needs.

Essential Skills and Abilities
At least 18 years of age
Functional knowledge of basic computer applications (i.e. word-processing, e-mail)
Ability to:
- Complete all required Family Peer Advocate training
- Be a positive role model
- Obtain and maintain clearance from the State Child Abuse Registry
- Obtain finger-printing clearance indicating no criminal history
- Work flexible hours, including occasional evenings and weekends
- Drive to locations throughout Cattaraugus, Chautauqua and Allegany Counties
- Good listening and interpersonal skills
- Demonstrate high patience and understanding to children and their families
- Be sensitive and respectful of cultural/values/lifestyle differences in families
- Maintain professional boundaries
- Communicate clearly and respectfully

Physical Requirements
Regularly (Performed 50% of time, or more): Standing, Walking, Driving, Sitting
Occasionally (Performed intermittently on a daily basis): Reading, Writing

Work Environment: Mix of Residential/Clinical/Vocational/Community settings. (Exposure risk to: blood-borne/air-borne pathogens; general cleaning supplies.)
**DUTIES AND RESPONSIBILITIES**

- Meet NYS Office of Mental Health’s Family Peer Advocate credential within 18 years of employment.
- Complete 20 hours of CEU’s every 2 years to maintain the Family Peer Advocate credential.
- Agree to provide the service according to the Family Peer Advocate Code of Ethics.
- Abide by all expectations as communicated in the Employee Handbook, established procedures, and training.
- Receive direction and support from supervisor.
- Communicate concerns and progress to the supervisor
- Complete documentation accurately, timely, and according to billing/regulatory requirements.
- Offer families activities designed to enhance the family unit.
- Advocate with families access to supports, services, and activities in their community.
- Model socially acceptable behaviors.
- Strengthen and support the care-giving efforts of families with special emphasis on needs such as: emotional, physical health, parenting, and family interaction.
- Empower families to make informed choices regarding the nature of supports for themselves and their child.
- Develop a family’s capacity to actively participate in all decisions about services and supports for themselves and their child.
- Develop a family’s capacity to enhance and improve the overall health and well-being of their child and family.
- Work with the family and their provider team to promote effective collaboration and communication.
- Strengthen and develop a family’s skill and feeling of self-efficacy so they can effectively advocate for their child, work collaboratively with service providers and do so with increasing independence over time.
- Complete all other duties, as assigned.

I HAVE RECEIVED A COPY OF THIS, MY JOB DESCRIPTION, AND I HAVE READ AND UNDERSTAND IT.

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Print Name                                                Signature                                             Date