

## **Mental Health Association of Alameda County**

**954 60th St., Ste. 10, Oakland, CA 94608**

Phone: (510) 835-5010 | Fax: (510) 835-9232

### **Warm Line Operator - Family Education & Resource Center**

Exciting opportunity to join the Family and Education Resource Center (FERC), an innovative family/caregiver-centered program that provides information, education and support services to family/caregivers of children, adolescents, transitional age youth, adults and older adults living with varying degrees of mental health challenges in Alameda County. FERC programmatic components include: a warm line; psychoeducation, training and support for family/caregivers; a resource center; assistance with AB1424; assistance with navigating the complex behavioral health care system within Alameda County; support for the development of family leadership; and collaboration with other community based organizations.

FERC is a program of the Mental Health Association of Alameda County (MHAAC) and contracted by Alameda County Behavioral Health (ACBH). 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 serious mental health issues and family caregivers every year.

MHAAC's current budget is approximately \$4 million dollars.

#### **FERC WARM LINE OPERATOR**

Under the supervision of the FERC Director, the Warm Line Operator provides information and referral to callers, many of whom may be under stress and seeking urgent help. The warm line will normally be the initial point of contact for the community members seeking assistance from FERC.

The Warm Line Operator will provide information and referral to mental health consumers, family members and other residents of Alameda County. The Warm Line Operator will oversee and collaborate with other FERC staff in the management and upkeep of a database and printed material of appropriate county-wide resources useful to family members of all ethnicities and ages of mental health consumers, from children through seniors.

*In accordance with the statewide Shelter in Place (SIP) order, all MHACC employees are currently working from home. When the SIP order ends, the Warm Line Operator will be located at our main FERC office in a premier neighborhood directly overlooking Lake Merritt.*

The hours of work for this position are Monday – Friday from 9:00 a.m. – 5:00 p.m.

#### **PRIMARY JOB RESPONSIBILITIES**

Answer Warm Line calls Monday – Friday from 9:00 a.m. – 5:00 p.m. and ensure coverage during planned absences. Triage callers to the appropriate Family Advocate for follow-up and support.

Maintain electronic and printed resource material.

Stay abreast of changes in the Alameda County Mental Health system and update materials as needed.

Work collaboratively with other FERC staff in maintaining resource material.

**MINIMUM REQUIREMENTS:**

Be a family member of a loved one with serious mental health challenges.

Phone customer service experience.

Technology skills inclusive of database management

Empathetic listener.

Ability to remain calm, helpful and responsive during emotionally charged and stressful phone calls.

**DESIRED QUALIFICATIONS:**

Two years of experience providing information and assistance by telephone to the public.

Experience managing a resource library desired.

Knowledge of Alameda County Mental Health services desired.

Flexible, adaptable, open to learning, and able to work effectively with members of different ethnic communities.

Highly organized with excellent attention to detail

The salary for this full-time non-exempt position is \$19.23 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 1) resume, 2) completed application, and 3) responses to the supplemental questions to:

[Jobs@mhaac.org](mailto:Jobs@mhaac.org)

Please include "FERC Warm Line Operator" in the title of your email.

# Application for Employment

## Mental Health Association of Alameda County

954 60<sup>th</sup> Street, Suite 10, Oakland, CA 94608

Ph: (510) 835-5010

Fax: (510) 835-9232

Email: [Jobs@MHAAC.org](mailto: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<br/>Attended</u> | <u>Degree/ Graduate?</u><br><u>Yes</u> <u>No</u> | <u>Certificate/<br/>Degree Earned</u> |
|-------------|-----------------------|--------------------------------|--|---------------------------------------|
| High School | _____                 | _____                          |  |                                       |
|             | City                  | State                          |  |                                       |

*Optional*  
Comment:

| <u>Type</u>              | <u>Name/ Location</u>        | <u>No. of Yrs<br/>Attended</u> | <u>Degree/ Graduate?</u> |           | <u>Certificate/<br/>Degree Earned</u> |
|--------------------------|------------------------------|--------------------------------|--------------------------|-----------|---------------------------------------|
|                          |                              |                                | <u>Yes</u>               | <u>No</u> |                                       |
| College/<br>University 1 | _____                        |                                |                          |           |                                       |
|                          | Name                         |                                |                          |           |                                       |
|                          | _____                        | _____                          |                          |           |                                       |
|                          | City                         | State                          |                          |           |                                       |
|                          | <i>Optional</i><br>Comments: |                                |                          |           |                                       |

| <u>Type</u>              | <u>Name/ Location</u>        | <u>No. of Yrs<br/>Attended</u> | <u>Degree/ Graduate?</u> |           | <u>Certificate/<br/>Degree Earned</u> |
|--------------------------|------------------------------|--------------------------------|--------------------------|-----------|---------------------------------------|
|                          |                              |                                | <u>Yes</u>               | <u>No</u> |                                       |
| College/<br>University 2 | _____                        |                                |                          |           |                                       |
|                          | Name                         |                                |                          |           |                                       |
|                          | _____                        | _____                          |                          |           |                                       |
|                          | City                         | State                          |                          |           |                                       |
|                          | <i>Optional</i><br>Comments: |                                |                          |           |                                       |

| <u>Type</u>               | <u>Name/ Location</u>        | <u>No. of Yrs<br/>Attended</u> | <u>Degree/ Graduate?</u> |           | <u>Certificate/<br/>Degree Earned</u> |
|---------------------------|------------------------------|--------------------------------|--------------------------|-----------|---------------------------------------|
|                           |                              |                                | <u>Yes</u>               | <u>No</u> |                                       |
| Business/<br>Vocational 1 | _____                        |                                |                          |           |                                       |
|                           | Name                         |                                |                          |           |                                       |
|                           | _____                        | _____                          |                          |           |                                       |
|                           | City                         | State                          |                          |           |                                       |
|                           | <i>Optional</i><br>Comments: |                                |                          |           |                                       |

| <u>Type</u>               | <u>Name/ Location</u>        | <u>No. of Yrs<br/>Attended</u> | <u>Degree/ Graduate?</u> |           | <u>Certificate/<br/>Degree Earned</u> |
|---------------------------|------------------------------|--------------------------------|--------------------------|-----------|---------------------------------------|
|                           |                              |                                | <u>Yes</u>               | <u>No</u> |                                       |
| Business/<br>Vocational 2 | _____                        |                                |                          |           |                                       |
|                           | Name                         |                                |                          |           |                                       |
|                           | _____                        | _____                          |                          |           |                                       |
|                           | City                         | State                          |                          |           |                                       |
|                           | <i>Optional</i><br>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

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## 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

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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



## Warm Line Operator Supplemental Questionnaire

**Please answer the following questions:**

Please describe your role as a family caregiver of someone with a mental health challenge?

Describe your experience providing information and assistance by telephone to the public. What were the sources you used to find the information you provided to the public (for example, did you use a database or some other source?) - What was the most difficult part of the job? What was the most enjoyable?

Please describe your experience working with families who may be under stress and seeking urgent help?

Please describe your knowledge of and experience navigating a Behavioral Health System. We are also interested to know how well you might know Alameda County's Behavioral Health System. Please describe.

Please summarize your experience working with family members/caregivers of persons with a mental health challenge or emotional disturbance. What do you see as some of the main areas in which family members/caregivers want and need assistance?