

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

7200 Bancroft Avenue, Suite 269, Oakland, CA 94605  
Phone: (510) 746-1700 | Fax: (510) 746-1473

### **Position Available- Open Until Filled**

#### **Warm Line Operator/Information and Referral Specialist Family Education and Resource Center (FERC)**

##### **The Program**

The Family Education and Resource Center ('FERC') is a new and innovative family/caregiver-centered program that provides information, education, advocacy and support services to family/caregivers of children, adolescents, transitional age youth, adults, and older adults with serious emotional disturbance or mental illness living in all regions of Alameda County. These services are provided in a culturally competent manner, reaching out to people of various ethnicities and language groups.

The FERC is a component of Alameda County's Community Services & Support plan, funded with Mental Health Services Act (MHSA) dollars and operated by the Mental Health Association of Alameda County (MHAAC) under contract with Alameda County Behavioral Health Care Services. In addition to providing outreach, education and support to family/caregivers of people with mental illness, the FERC facilitates input and feedback to Alameda County Behavioral Health Care Services decision makers at all levels about the important roles family/caregivers play in supporting their loved ones and about the experiences and needs of family/caregivers. The FERC works closely with County and contract agencies to promote a family/caregiver perspective and toward the goal of creating a more family/caregiver and consumer driven system of care.

FERC programmatic components include: (1) a warm line; (2) education, training and support for family/caregivers; (3) a resource center; (4) assistance with AB-1424; (5) support for the development of family leadership; and (6) collaboration with other MHSA-funded programs.

FERC's main office is located in Oakland; Satellite offices are located in Hayward, Livermore, Oakland and Fremont. FERC is funded for a staff of ten and currently has an annual budget of \$1 million.

##### **Warm Line Operator/ Information and Referral Specialist**

Under the supervision of the FERC Program Director, the 'Warm Line Operator' Information and Referral Specialist is responsible for staffing and managing the 'warm line.' This is not a crisis 'hot line,' but some callers 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 the FERC.

It will provide information and referral to mental health consumers, family members, and other residents of Alameda County. The operator will manage and coordinate the daily implementation of the warm line, including ongoing organization and updating of warm line referral information. The operator will oversee and collaborate with other FERC staff in the management of a database of appropriate county-wide resources useful to family members of all ethnicities and all ages of mental health consumers, from children through seniors. These resources are developed and organized into binders for printed material, and are searchable in computerized databases and/or website content; it will be the

Operator's responsibility to update this organized referral information. Information maintained may include how to access mental health services, primary care services, financial benefits, housing, employment, education, crisis support and a range of other issues. The Operator will be housed at the North Oakland County Resource Center, but will provide information and referral county wide, and will work collaboratively with the Family Advocates based in the Resource Center and in other geographic areas. The Operator will receive training on community resources, Alameda County Systems of Care, family issues and other topics identified by the Training Coordinator. The Operator will be expected to collect and input the data on warm line calls, and may recruit, train and supervise volunteers to assist in staffing the warm line (e.g. after hours and/or weekends). The Warm Line Operator will also perform other duties as assigned.

**Desired Qualifications:** The Warm Line Operator/Information and referral Specialist should have at least two years experience providing information and assistance by telephone to the public. The Operator should have experience developing and using resource materials; including updating the material in informational binders and be proficient with computerized databases (i.e. Access), including running reports. The Operator must be flexible, adaptable, open to learning, and able to work effectively with members of different ethnic communities. It is also essential to be a good listener, able to be empathetic and gain people's trust, and to remain calm and not become rattled when dealing with others who may be under stress. The Operator should be well organized and have excellent attention to detail. Experience in recruiting, hiring, training, orienting and supervising volunteers is highly desirable. Family members (persons with a loved one with a serious emotional disturbance or mental illness, whether biologically related or not) and bilingual/bicultural applicants are strongly encouraged to apply. Knowledge of Alameda County Mental Health Services is highly desirable.

The successful candidate must have a motor vehicle available for daily use, possess a valid California driver's License, carry vehicle liability insurance with at least \$100,000/\$300,000 limits, and have an acceptable vehicle report as determined by MHAAC's insurance broker.

**Hours of work:** This is a full-time position. While main office hours will begin at 9-5 M-F, the hours of operation for the Warm Line are expected to expand to evenings and weekends with the help of volunteers. Off site, on-call supervision is required.

**Salary:** \$3,254 per month (DOE). Employee benefits include vacation and sick leave and employer-paid health/dental insurance.

**To apply:** Secure an application by downloading it from the FERC website at [www.askferc.org](http://www.askferc.org) (click on "Employment opportunity"), fill out and return application either to the FERC office at 7200 Bancroft Avenue, Suite 269, Oakland, CA 94605 (open Mon.-Fri., 9 a.m. – 5 p.m.) or fax to 510-746-1473.

Questions? Call the FERC main office at 510-746-1700

**Deadline:** Applications will be received in the FERC main office – position open until filled.

The MHAAC is an Equal Opportunity Employer

**Mental Health Association of Alameda County**  
*An Equal Opportunity/Affirmative Action Employer*  
*Application for Employment as*  
**Warm Line Operator (Information and Referral Specialist) –**  
**for the Family Education & Resource Center (FERC)**

*To apply, fill out and return this application either to  
the FERC office at 7200 Bancroft Avenue, Suite 269, Oakland, CA 94605 or fax to 510-746-1473*

**Personal Information**

*After filling in form, please print out and sign by hand.*

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

(\_\_\_\_\_) \_\_\_\_\_

Contact Phone No.

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

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

Yes

No

If no, describe the functions that cannot be performed.

**(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and/or skill and agility tests.)**

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? [Convictions for marijuana-related offences that are more than two years old need not be listed]

Yes

No

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

**(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)**

How did you hear about this position? \_\_\_\_\_

**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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**NOTE: APPLICATION REQUIRES AN ORIGINAL, NON-DIGITAL SIGNATURE.**

## Education and Training

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	_____ Name _____ City	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	_____ Name _____ City	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	_____ Name _____ City	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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 languages(s)?

## Personal References

_____ First Name	_____ Last Name	( ) _____ Telephone #	
_____ Address	_____ City	_____ State	_____ Zip
_____ Occupation	_____ Relationship to you		
_____ First Name	_____ Last Name	( ) _____ Telephone #	
_____ Address	_____ City	_____ State	_____ Zip
_____ Occupation	_____ Relationship to you		
_____ First Name	_____ Last Name	( ) _____ Telephone #	
_____ Address	_____ City	_____ State	_____ Zip
_____ Occupation	_____ Relationship to you		

**Employment History**

List below all present and past employment over the last twenty (20) years, starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: \_\_\_\_\_  
From To

Weekly Pay: \_\_\_\_\_  
Starting Ending

\_\_\_\_\_  
Your Job Title and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?  Yes  No

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\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: \_\_\_\_\_  
From To

Weekly Pay: \_\_\_\_\_  
Starting Ending

\_\_\_\_\_  
Your Job Title and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?  Yes  No \_\_\_\_\_

\_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_

Name of Employer

Telephone No.

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Dates of Employment: \_\_\_\_\_  
From To

Weekly Pay: \_\_\_\_\_  
Starting Ending

\_\_\_\_\_  
Your Job Title and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?  Yes  No

\_\_\_\_\_  
Name of Employer

(\_\_\_\_\_) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Dates of Employment: \_\_\_\_\_  
From To

Weekly Pay: \_\_\_\_\_  
Starting Ending

\_\_\_\_\_  
Your Job Title and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?  Yes  No

\_\_\_\_\_  
Name of Employer

(\_\_\_\_\_) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: \_\_\_\_\_  
From To

Weekly Pay: \_\_\_\_\_  
Starting Ending

\_\_\_\_\_  
Your Job Title and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?  Yes  No

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\_\_\_\_\_  
Name of Employer

(\_\_\_\_\_) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: \_\_\_\_\_  
From To

Weekly Pay: \_\_\_\_\_  
Starting Ending

\_\_\_\_\_  
Your Job Title and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?  Yes  No

## Supplemental Questions

Please answer the following questions:

Please summarize your experience working with family members or other caregivers of people with serious emotional disturbances or serious mental illness. What do you see as some of the main areas in which family/caregivers want/need assistance?

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? What was the most difficult part of the job? What was the most enjoyable?

Describe your experience working with volunteers. What role did you play? What were the greatest challenges and how were they worked through and/or overcome. If not, what was the outcome?

Describe any experience you have had working with individuals or families while they were under stress. What things helped you accomplish the task at hand despite the stressed condition?

