



**State of Hawaii
Department of Health
Behavioral Health Administration
Adult Mental Health Division
Downtown, Oahu**

MONITORING COORDINATOR

(\$70,000 – 80,000 year, commensurate with training and experience)

Assists with the development, implementation, and coordination of Divisional monitoring audits of quality, utilization management, and outcomes; interacts with other OPIE staff and Divisional Performance Management and Utilization Management staff to develop standardized performance indicators, standards, monitoring processes, audit tools, and audit reports; collaborates with the Divisional MIS staff to ensure that data fields, data definitions, monitoring tools and monitoring results reports are aligned with and supported by DOH electronic health records (EHRs), Data Warehouse, and Department and Divisional needs for actionable feedback.

Preferred Qualification Requirements

Education: Bachelor's degree in Nursing from an accredited college or university; or Master of Science degree in Social Work, Psychology, or behavioral health counseling from an accredited college or university required. Master of Science in Nursing or Qualified Mental Health Professional preferred.

Experience: Five (5) years of progressively responsible professional work experience in a health care field which included development and implementation of data collection methodology, tools, and reports; qualitative and quantitative analysis of health care data sets; evaluation of health care programs to identify patterns, trends, and opportunities for process, system, and outcome improvements and recommend actions for same; establishment of data integrity and inter-rater reliability testing; simple database management; and report generation. The experience must have included at least two (2) years at a supervisory level.

In addition, three (3) years of experience working in behavioral healthcare quality, utilization management or outcomes management.

Knowledge of: Continuous Quality Improvement theory and practice, including assessment of practice and outcomes methodologies and tools; performance measurement and standards theory and practice; knowledge of utilization management theory and practice, including assessment of practice and outcomes methodologies and tools; knowledge of clinical behavioral health diagnoses and current trends in treatment and evidence-based best practices; knowledge of psychiatric, substance abuse, functional level, and other behavioral health assessments; familiarity with state and federal laws concerning behavioral health treatment, clinical recordkeeping documentation and recordkeeping standards, forensics, and facility licensure/certification; and principles of data collection methodology, analysis and reporting.

Ability to: Establish and maintain professional working relationships with internal and external stakeholders of various cultures, backgrounds, and skill sets/knowledge; express and present ideas clearly and effectively in written and oral formats; ability to elicit input and feedback from internal and external stakeholders about current and desired quality, utilization and outcomes monitoring processes and tools, etc., in order to conduct at least annual evaluations of the effectiveness of the monitoring program; design valid and reliable monitoring tools and inter-rater reliability tests; create standardized and customized monitoring reports, charts, graphs, and tables; maintain a monitoring database; conduct qualitative and quantitative analyses of monitoring data; use computer including Outlook, Word, Excel, and Power Point software; and use copy machine, fax machine, digital, conference telephone system, video teleconferencing, web-based meeting software, and electronic medical records.

License Requirement: License to practice in Hawaii as a Registered Nurse, Social Worker, or Qualified Mental Health Professional required. Valid driver's license preferred.

Who May Apply

Citizenship Requirement: The State of Hawaii requires that all persons seeking employment with the government of the State shall be citizens, nationals, or permanent resident aliens of the United States, or eligible under federal law for unrestricted in the United States.

How to Apply

Submit completed State of Hawai'i Application for Non-Civil Service Appointment, resume, and salary requirements to:

OPIE Recruitment
1250 Punchbowl Street, Room 257
Honolulu, HI 96813

Recruitment is continuous until needs are met.

Other Information

This position is exempt from the civil service. Employment in such positions is considered to be "at will."

Incumbent must be able to work flexible hours and travel to neighbor islands and the mainland. Incumbent will also participate in the DOH disaster notification telephone tree and emergency/disaster response plan.

For more information, please contact Cara at (808) 586-4690.

STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

The information on pages 1 and 2 will not be released to persons involved in the appointment process.

Information requested in items 10 through 19 is needed to make determinations on your suitability for employment. Dismissals from employment or dishonorable separations from military service do not automatically disqualify you from employment. The circumstances of each individual case will be evaluated against the requirements of the position for which you have applied, to determine suitability for employment.

10. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past five years, were you:

A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment?..... YES..... NO

B) Separated from military service under conditions other than honorable? YES..... NO

(If you answer "Yes" to question 10A or 10B, please explain in detail in item #11 below, the dates and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

11. _____

12. WITHIN THE PAST THREE (3) YEARS, HAVE YOU BEEN CONVICTED OF ANY OFFENSE RELATED TO CONTROLLED SUBSTANCES? YES..... NO

(If you answer "Yes" to the above question, please explain in detail in item #13 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

13. _____

14. HAVE YOU EVER BEEN CONVICTED OF ANY ACT, ATTEMPT OR CONSPIRACY TO OVERTHROW THE STATE OR FEDERAL GOVERNMENT BY FORCE OR VIOLENCE? YES..... NO

(If you answer "Yes" to the above question, please explain in detail in item #15 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

15. _____

16. SUSPENSION OR REVOCATION OF LICENSE

Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked? YES..... NO

(If you answer "Yes," please explain in detail in item #17 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

17. _____

18. SETTLEMENTS OR AGREEMENTS

Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program or are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawai'i? YES..... NO

(If you answer "Yes," to question 18, please explain in detail in item #19 below, the reason and date of your settlement or restriction from applying with the State of Hawai'i.)

19. _____

**STATE OF HAWAI'I DEPARTMENT OF HEALTH
EDUCATION AND EMPLOYMENT HISTORY
STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT**

FOR OFFICIAL USE ONLY

DEPARTMENTAL PERSONNEL
STAFF TO SELECT CATEGORY

Exempt TAOL
 89 Day _____

1. POSITION TITLE APPLYING FOR: _____
2. RECRUITMENT NUMBER or POSITION NUMBER: _____

As required by federal and/or state laws, we do not discriminate on the basis of age, sex (including gender identity or expression), religion, race, color, ancestry, national origin, disability, marital status, veteran's status, sexual orientation, arrest and court record, citizenship, genetic information or any other protected characteristic. The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

3. NAME: _____
Last First Middle
4. OTHER NAMES USED OR FORMER LAST NAME: _____
5. E-MAIL ADDRESS: _____
6. MAILING ADDRESS: _____
P.O. Box or Number and Street
City State Zip Code
7. PHONE NO.: _____
Home Other

8. EDUCATION HISTORY: When verification is required, the documentation must be submitted at the time of the application. If not, you may not receive credit for the training and/or your application may be considered incomplete and rejected. The information you provide in this section will be used strictly in the evaluation of your qualifications for the position(s) for which you are applying. The information you submit on this form may be verified.

DO NOT WRITE IN THIS SPACE

A. NAME AND LOCATION (city and state) of last grade school attended: (elementary, intermediate or high school)
(School name/type) _____ (City/State/Country) _____
Did you graduate? Yes No If no, what grade level did you complete? _____
Did you receive a GED? Yes No

B. TRAINING: In-service training, business, trade, armed forces, college or university, graduate of professional schools.

NAME & ADDRESS	Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received
		Semester	Quarter	

9. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS

A. DRIVER'S LICENSE: Yes, I have a valid driver's license or I am able to obtain a valid driver's license by the time of appointment.
 No, I do not have a driver's license and/or I am not interested in being considered for positions which require a driver's license.

B. OTHER LICENSES OR CERTIFICATES: Please indicate the kind, registration number, and the State or other licensing authority. *If proof of evidence is required, please submit a photocopy or present for verification.*

C. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH: List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.

LANGUAGE	SPEAK	READ	WRITE

D. SPECIAL QUALIFICATIONS: Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.
