

MENTAL HEALTH CHILDREN'S CARE COORDINATOR

(Required for consideration)

Name _____ SSN _____

Address _____ City _____ State _____ Zip _____

Telephone (_____) _____

INSTRUCTIONS TO APPLICANT

From an analysis of the position we have identified critical knowledge and abilities required for successful performance. In answering the questions that follow, describe your most relevant experience, education or other background that demonstrates that you possess these particular qualifications. The manner in which you describe your qualifications will be considered an example of your ability to organize your thoughts and present information clearly and concisely.

This supplemental requires you to prepare narrative descriptions of your relevant experiences and capabilities. It will take thought and work to present this information about yourself fully, clearly and succinctly. We are asking you to go through this process to enable us to give you full credit for all relevant accomplishments. This information will be utilized to determine who will be invited to continue in the selection process. Therefore, it is to your advantage to complete this form thoroughly and accurately. You cannot be credited for experience or training you do not include. **Responses such as "see resume" or "see application" will not be accepted.**

Typed responses are strongly preferred. Please limit your response to one page, double-spaced, per question. Where appropriate, please identify names and dates of employment, as well as names of individuals who can verify the information you provide.

Please answer the following questions:

- 1. Describe your experience in the following areas. Be specific in identifying your role and job responsibilities, the scope of the programs and the organization that you worked for.**
 - A. Child Mental Health Intensive Services (inpatient, long term residential and/or hospital diversion)**
 - B. Utilization Care Review and Management including applying standardized Medical Necessity Criteria to determine lengths of stay and continued care.**
 - C. Educator, teacher or mentor to others.**
 - D. Contract development, administration and compliance.**
 - E. Washington Public Mental Health (Social Security Administration, Washington State Medicaid, Spokane County Social Services and Food Stamps and public mental health providers.)**
- 2. Describe an experience in which you lead a performance change that involved multiple stakeholders.**
 - ▶ **What was the desired outcome? What strategies were employed to achieve it? What worked well and what did you learn from the experience?**
- 3. Describe your experience as a meeting facilitator or chairperson.**
 - ▶ **What do you value most about membership in a committee or task force and how do you facilitate those outcomes as a meeting leader?**
 - ▶ **How would others describe your meeting leadership style?**
 - ▶ **How did you keep the group focused and on task, particularly when there are competing agendas amongst the membership?**
- 4. Describe how you have effectively forged collaborative and collegial relationships within and outside your organization in order to achieve shared outcomes. Provide a specific example.**
- 5. Describe your experience with analyzing and interpreting data to measure current performance and set desired target outcomes. Provide a specific example.**
- 6. How do you build and maintain effective working relationships with persons to whom you report and/or work with at an executive level?**

SIGN AND DATE THIS FORM, AFTER READING THE STATEMENT BELOW:

I, the undersigned, understand that all information provided herein is subject to verification and is true to the best of my knowledge and ability. I understand that any falsification may cancel any terms, conditions, or privileges of employment.

Signature

Date