CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

HEALTH PROGRAM SPECIALIST II
Schematic Code: KH04 Classification Code: 8336  Exam Code: 3H1AB

Examination Type: Open Continuous

FINAL FILING DATES
Testing is considered continuous as dates can be set at any time. Applications will be reviewed to ensure the minimum requirements for participation in this exam are met. Possession of the entrance requirements does not assure a place on the eligible list. Once you have taken the examination, you may not retest for 12 months from the established list date.

Applications must be submitted by the filing dates indicated below. Applications postmarked, personally delivered, or received via interoffice mail after the final filing date, will be held for the next administration of the exam. The filing dates are:

January 5, 2017
March 5, 2017
May 5, 2017
July 5, 2017
September 5, 2017
November 5, 2017
January 5, 2018

SALARY
$5772-$7225 per month

EQUAL EMPLOYMENT OPPORTUNITY
The State of California is an equal opportunity employer to all, regardless of age, ancestry, color, disability (mental and physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition, military or veteran
status, national origin, political affiliation, race, religious creed, sex (includes pregnancy, childbirth, breastfeeding and related medical conditions), and sexual orientation.

WHO CAN APPLY
Persons who meet the minimum qualifications (entrance requirements) as stated on this announcement may take this examination, which is competitive.

MINIMUM QUALIFICATIONS
Either One
One year of experience in the California state service performing duties equivalent to a Health Program Specialist I or Health Program Manager I.

Or Two
Two years of experience in the California state service performing duties equivalent to an Associate Health Program Adviser.

Or Three
Four years of progressively responsible experience in health program administration, at least two of which must have been with independent responsibility for a significant program such as is normally found in a complex or departmentalized medical care delivery setting or health institution or organization. This experience must include program planning and/or evaluation experience and the making of recommendations to management. (Possession of a Doctoral Degree in Public Health, Health Administration, Health Planning, Public Administration, or a closely related health professional field may be substituted for one year of the required general experience.)

AND
Possession of a Master's Degree in Public Health, Health Administration, Hospital Administration, Comprehensive Health Planning, Public Administration, or a closely related health professional field. (One year of additional specialized qualifying experience may be substituted for the required master's degree.)

The required degree must have been obtained from a recognized U.S. university or from a foreign university approved by the Bureau of Private Postsecondary and Vocational Education under the provision of California Education Code Chapter 3, Part 59, Division 10.

GENERAL QUALIFICATIONS
In addition to the scope defined on this announcement, candidates must possess essential personal qualifications including integrity, initiative, dependability, good judgment, ability to work cooperatively with others, and a state of health consistent with the ability to perform the assigned duties of the class. A medical examination may be required.
POSITION DESCRIPTION

TYPICAL TASKS
Incumbents at this level function as highly skilled, technical program consultants in programs which are critical to the department's basic mission, where the level of expertise required is definably greater than that for any other supervisory position at this level; and where the person proposed for the position has an established reputation in the areas of expertise required.

HOW TO APPLY
To apply for this examination, please complete and return the following:

STANDARD STATE APPLICATION (FORM 678)
COPY OF UNOFFICIAL/OFFICIAL COLLEGE TRANSCRIPTS
SUPPLEMENTAL RESPONSES

Applications and any additional documents must be submitted via the U.S. Postal Service or hand delivered to the Department of Public Health Human Resources Office (hours are 8:00 AM to 5:00 PM). Submit (California State Application STD 678) and any additional documents to:

DEPARTMENT OF PUBLIC HEALTH
Examination Services Unit
1615 Capitol Ave., 4th floor, Suite 73-430
P.O. Box 997378 MS 1700 – 1702
Sacramento, CA 95899-7378

DO NOT SUBMIT APPLICATIONS
TO THE CALIFORNIA DEPARTMENT OF HUMAN RESOURCES (CalHR)
THROUGH EMAIL
THROUGH FAX
THROUGH INTER-AGENCY MAIL

CONTACT INFORMATION
All questions regarding the minimum qualifications, applying for the examination, being scheduled for the examination, reasonable accommodations, the examination components, scoring, etc., may be directed to the contact information below:

PHONE NUMBER: 916-650-0436

EXAMINATION INFORMATION
The examination will consist of a Supplemental Application that is weighted 100%. Applicants are required to respond to the following five supplemental items. These supplemental items are designed to identify job achievement in specific areas that demonstrates ability to successfully perform at the incumbent level. Responses to the supplemental items will be assessed based on
predetermined job-related rating criteria. In appraising the relative qualifications of candidates, consideration will be given to the extent and type of pertinent experience and education over and above that required under the minimum qualifications.

The California Department of Public Health reserves the right to revise the examination plan to better meet the needs of the service if the circumstances under which this examination was planned change. Such revision will be in accordance with civil service law and rules and all competitors will be notified.

SUPPLEMENTAL APPLICATION INSTRUCTIONS
Each applicant for this examination must complete and submit his/her responses to all five supplemental items that follow. Applications received without responses to the supplemental items will be rejected.

INSTRUCTIONS: When responding to the supplemental items, please follow these guidelines:

1. Your responses must be typewritten or generated by word processing on 8½” X 11” paper.
2. Your font should be no smaller than “10” pitch.
3. Your responses must be limited to one page per item.
4. Identify each page with your full name.
5. Make sure your responses are complete, specific, clear, and concise.
6. Answer each numbered item separately, indicating the corresponding item number for each response. (You may include multiple responses on a single page.)
7. Include place of employment, pertinent dates, duties performed, etc., when responding to items.
8. In the event that one particular job contained responsibilities applicable to several items, separate the different functions of the job in order to respond to all items completely.
9. Please return your state application (678) and two copies of the Supplemental Items to the address listed on the front of the bulletin.

NOTE: Resumes, letters, and other materials will not be evaluated or considered as responses to the supplemental items.

SUPPLEMENTAL ITEMS:
Supplemental Item #1

A Health Program Specialist II is assigned to lead a team(s) consisting of diverse staff from multi-disciplinary professional backgrounds. The HPS II directs and oversees the work activities of the team to accomplish program objectives and mandates. The HPS II guides and motivates the team.

Please describe, in detail, your leadership and experience in leading a team on a specific health program project. Please include a description of the project, the makeup of the team, your actions in directing the team, planning, implementing, and evaluating the project.
Supplemental Item #2

A Health Program Specialist II is responsible for the identification and resolution of a broad range of complex governmental and programmatic problems. They determine the best course of action to resolve the situation.

Please describe in detail a significant problem or challenge that you experienced while you were responsible for a health program.

Supplemental Item #3

A Health Program Specialist II is responsible for ensuring budgetary and fiscal accountability for their health programs as well as established funding for future health programs.

Please describe, in detail, your experience in acquiring funding for a health program. Please include a description of how you established and managed your budget.

Supplemental Item #4

A Health Program Specialist II works with diverse groups, internally and externally, such as partnerships forming relationships with these groups to engage them in addressing health program needs.

Please describe, in detail, your experience in developing and maintaining a relationship with at least two of the following:

1. Internal stakeholders
2. Community based stakeholders
3. State and local government officials
4. Federal program representatives
5. Legislative staff

Please include the steps taken to establish and sustain relationships.

Supplemental Item #5

As an HPS II you will serve as the lead for a new health program.

Please describe in detail your experience in planning, implementing, and evaluating a new health program.

THIS CONCLUDES THE EXAMINATION PROCESS FOR THE HEALTH PROGRAM SPECIALIST II. PLEASE REFER TO THE INSTRUCTIONS ON PAGE FOUR OF THE BULLETIN FOR INFORMATION ON HOW TO RETURN YOUR APPLICATION AND EXAMINATION MATERIALS.

REQUIREMENTS FOR ADMITTANCE TO THE EXAMINATION

It is your responsibility to make sure you meet the education and/or experience requirements stated on this announcement on the date you submit your application. Your signature on your application indicates that you have read, understood, and possess the basic qualifications required.
NOTE: Applications must include “to” and “from” dates (month/day/year), time base, job titles and/or civil service class title(s), and range (if applicable) for all work experience. College course Information must include title, number of semester or quarter units, name of institution, completion dates, and degree. Applications received without this information will be rejected. Applicants must submit a copy of unofficial/official transcripts along with the application when using education to meet the entrance requirements for this examination.

SCOPE OF EXAMINATION: Ratings will be determined based on the depth and breadth of professional education and experience beyond what is minimally required. Emphasis will be placed on measuring:

Knowledge of:

1. Problems and procedures involved in establishing community public health Programs.
2. Needs and resources needed to establish community public health Programs.
3. Federal, State and local health Programs, policies, objectives, and constraints.
4. Preparation and planning for coordinating Programs with local, State and Federal agencies, private agencies, and health care providers.
5. Principles and methods of public administration including organization, personnel, and fiscal management.
7. Methods and principles of disease and disability prevention and health promotion.
8. Procedures, planning, assessment, implementation, monitoring and evaluation of Programs.
9. Legislative and budget processes.
10. Principles, practices, and techniques of employee supervision, development and training to plan, oversee, and direct the work activities of subordinate employees in a lead capacity.
11. Methods and techniques of effective leadership.
13. Various software applications (e.g., Microsoft Word, Excel, Access, Power Point) used to prepare correspondence, reports, presentations, spreadsheets, etc.
14. Contract and grant administration to apply for, implement, select recipients of, and monitor in accordance with state policies and procedures.
15. Data gathering techniques, research methods, and basic statistics to ensure accuracy and defensibility of outcomes.
16. How the political environment impacts or influences the Department/Program to effectively respond to sensitive issues.
17. The strategic planning process to anticipate future need and effectively develop and implement a course of action.

Ability to:

1. Gather, analyze, organize and interpret data related to health Programs for use in evaluation of the Programs.
2. Act as Program liaison with staff in other Programs at the Federal, State, local, and provider level.
3. Recommend and take actions on a variety of health Programs, project activities, staffing, and budgetary processes.
4. Provide consultation and technical assistance to health disciplines, community agencies, leaders, advocacy groups, and health providers.
5. Represent the Department on task forces and committees, interpreting and conveying official policy to others and providing consultation on official policy matters.
6. Effectively apply and recommend Equal Employment Opportunities and practices in making hiring and employment decisions.
7. Assume and demonstrate independent responsibility for decisions and actions having broad implications on a variety of complex health Programs and project activities.
8. Serve as a technical Program expert to higher level management.
9. Read, analyze, and interpret complex documents and reports, such as legislation and regulations, research and evaluation studies, budgets and accounting documents, and grants and proposals, to extract and apply to and/or evaluate Programs.
10. Skillfully prioritize tasks in a constantly changing work environment.
11. Recognize community dynamics to identify needs and determine appropriate course(s) of action for development of effective public health interventions.
12. Be culturally competent to be sensitive to the needs of diverse groups.

**ELIGIBLE LIST INFORMATION**

In order to obtain a position on the eligible list, a minimum rating of 70% must be attained. Names of successful competitors are merged into a departmental open list established for use by the California Department of Public Health in order of final scores regardless of testing date. Eligibility expires 24 months after it is established unless the needs of the service and conditions of the list warrant a change in this period. All candidates meeting the minimum qualifications will be placed on the eligible list.

**VETERAN’S PREFERENCE**

Will be awarded in this examination, pursuant to Government Code Section 18973.1, effective January 1, 2014, as follows: 1) Any veteran, widow or widower of a veteran, or spouse of a 100 percent disabled veteran, who achieves a passing score in an entrance examination, shall be ranked in the top rank of the resulting eligibility list. Any veteran who has been dishonorably discharged or released is not eligible for veterans’ preference; 2) An entrance examination is defined, under the law, as any open competitive examination; 3) Veterans’ Preference is not granted once a person achieves permanent civil service status.

**HOW TO APPLY FOR VETERANS’ PREFERENCE**

The California State Jobs’ website (www.jobs.ca.gov) has information on how to apply for Veterans’ Preference on their website and on the Application for Veterans’ Preference form (CalHR 1093) (https://jobs.ca.gov/PDF/SPB1093.pdf). Additional information is also available at the Department of Veterans Affairs website (http://www.cdva.ca.gov).

TDD is Telecommunications Device for the Deaf and is reachable only from phones equipped with a TDD device.

The California Relay (Telephone) Service for the deaf or hearing impaired:
MCI from TDD: 1-800-735-2929  MCI from voice telephone: 1-800-735-2922
Sprint from TDD: 1-888-877-5378 Sprint from voice telephone: 1-888-877-5379
CONDITIONS OF EMPLOYMENT (631)
Examination Title: Health Program Specialist II

Name: _____________________________ (Print: first, middle initial, last)

Final Filing Dates:

January 5, 2017
March 5, 2017
May 5, 2017
July 5, 2017
September 5, 2017
November 5, 2017
January 5, 2018

If you are successful in your examination your name will be placed on the active employment list and certified to fill vacancies according to the conditions you specify on this form. If you are unwilling to accept work or do not reply promptly to communications your name will be placed on the inactive list.

Locations in which you are willing to work:
Please check your choices - you will not be offered a job in locations not checked.

Alameda County (0100) ______
Contra Costa County (0700) ______
Sacramento (3400) ______
TYPE OF EMPLOYMENT DESIRED:

ON A PERMANENT BASIS, I AM WILLING TO WORK:

_____ Full Time
_____ Part Time (regular hours less than 40)
_____ Intermittent (on call)
_____ Limited Term

ON A TEMPORARY BASIS, I AM WILLING TO WORK:

_____ Full Time
_____ Part Time (regular hours less than 40)
_____ Intermittent (on call)
_____ Limited Term

It is your responsibility to notify the Department of Public Health, Examination Services Unit, of any changes in your address or availability for employment. All correspondence must include your name, examination title, and identification number.

Signature: ___________________________________ Date: __________________________