



**DEPARTMENT OF DEVELOPMENTAL SERVICES
EXAMINATION ANNOUNCEMENT**

BEHAVIOR SPECIALIST II

**DEPARTMENTAL
OPEN**

6DS10

State of California is an equal opportunity employer, 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

IT IS AN OBJECTIVE OF THE STATE OF CALIFORNIA TO ACHIEVE A DRUG-FREE STATE WORK PLACE. ANY APPLICANT FOR STATE EMPLOYMENT WILL BE EXPECTED TO BEHAVE IN ACCORDANCE WITH THIS OBJECTIVE BECAUSE THE USE OF ILLEGAL DRUGS IS INCONSISTENT WITH THE LAW OF THE STATE, THE RULES GOVERNING CIVIL SERVICE AND THE SPECIAL TRUST PLACED IN PUBLIC SERVANTS.

EXAMINATION TYPE	This is an OPEN examination for the Department of Developmental Services, the examination is a TRAINING AND EXPERIENCE (T & E) and consists of a SUPPLEMENTAL APPLICATION (included below).
WHO SHOULD APPLY?	Persons that meet the minimum qualifications (MQ's) of the classification by the cut-off date of the examination.
WHERE TO APPLY	<p>MAIL EXAMINATION DOCUMENTS TO:</p> <p>DEPARTMENT OF DEVELOPMENTAL SERVICES (DDS) 1600 9th Street, MS-Q Sacramento, CA 95814 Attention: LISA HUDSON</p> <p><u>Faxed or emailed applications will not be accepted.</u> Do not submit applications to the California Department of Human Resources or the State Personnel Board.</p>
FINAL FILE DATE	Continuous Filing - Testing for this classification is administered bi-annually. The cut-off dates are as follows: <u>January 31, 2017</u> <u>July 31, 2017</u>
POSITION LOCATION(S)	Department of Developmental Services - Sacramento
SALARY RANGE	\$4,473 - \$5, 393 per month
TESTING INFORMATION	<p>The examination is a Training and Experience weighted - 100%</p> <p>The examination will consist solely of a <u>SUPPLEMENTAL APPLICATION</u>. In order to obtain a position on the eligible list, a minimum rating of 70.00% must be attained. Applications will be accepted on a continuous basis and cut-offs twice annually or as conditions warrant.</p> <p>Veterans' preference will be granted in this examination.</p>
ELIGIBLE LIST INFORMATION	A departmental open eligible list will be established for DDS. The eligible list will be used to fill vacancies in Sacramento. Candidates may apply for the exam once within a 12-month period. The names of persons successful in this exam will be merged onto an eligible list in the order of final score.

REQUIREMENTS FOR ADMITTANCE TO THE EXAMINATION	<p>All applicants must meet the education and/or experience requirements listed below under “MINIMUM QUALIFICATIONS” for the classification by the final file date of 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.</p> <p>Requirements stated below include more than one pattern and are distinguished as “Either I,” “Or II,” “Or III,” etc.</p>
MINIMUM QUALIFICATIONS	<p style="text-align: center;">Either I</p> <p>Two years of experience in the California state service performing the duties of the class of a Behavior Specialist I.</p> <p style="text-align: center;">Or II</p> <p>Two years of experience designing, implementing, and monitoring behavioral services in a human service setting</p> <p style="text-align: center;">And</p> <p>Education: Possession of a master of arts or science degree in a human services field (which may include, but is not limited to, education, psychology, counseling, behavior analysis, social work, or rehabilitation) from an institution of higher education, fully accredited by a regional accrediting body, which includes a minimum of 24 semester units in applied behavior analysis (including basic principles and applications in applied settings, ethics, data collection, and analysis).</p>
ADDITIONAL DESIRABLE QUALIFICATIONS	<p>Current certification (or eligibility for certification) as an Associate Behavior Analyst by the National Behavior Analyst Certification Board.</p>
SPECIAL PERSONAL CHARACTERISTICS	<p>Objective and sympathetic understanding of the developmentally disabled; tolerance; tact; and emotional stability.</p>
DRUG TESTING REQUIREMENT	<p>Applicants for positions in these classes are required to pass a drug-screening test. Testing of current employees who are applicants in an examination or who are transferring is permitted only if the person does not have a current appointment to a class for which drug testing is a requirement.</p>

EXAMINATION SCOPE	<u>A. Knowledge of:</u>	<u>B. Ability to:</u>
	<ol style="list-style-type: none"> 1. Basic principles of applied behavior analysis. 2. Ethical considerations regarding behavior modification. 3. Behavioral assessment and procedures to increase and decrease behavior. 4. Managing behavioral emergencies. 5. Basic types and characteristics of developmental disabilities. 6. Organizational structure of developmental centers and the respective roles and responsibilities of staff. 7. Laws and regulations relevant to behavioral programming, which includes the use of restrictive procedures. 8. Methods of defining and measuring behavior. 9. Methods of collecting and displaying data. 10. Methods to promote behavioral generalization and maintenance. 	<ol style="list-style-type: none"> 1. Develop cooperative and harmonious relationships with direct care staff and others. 2. Work effectively within an interdisciplinary team model. 3. Analyze situations accurately and take effective action. 4. Communicate effectively. 5. Provide support services to clients in home and training sites. 6. Analyze complex behavior. 7. Work with professional personnel to coordinate effective behavioral services.

GENERAL INFORMATION

It is the **CANDIDATE'S RESPONSIBILITY** to contact the Department of Developmental Services' Testing Office four weeks after the final filing date if he/she has not received a progress notice. Applications are available at the California Department of Human Resources website: www.calhr.ca.gov. If you meet the requirements stated on the reverse side, you may take this examination, which is competitive. Possession of the entrance requirement does not guarantee a place on the eligible list. All candidates who pass will be ranked according to their scores.

THE STATE PERSONNEL BOARD 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 laws and rules and all competitors will be notified.

ELIGIBLE LISTS: Eligible lists established by competitive examination, regardless of date, must be used in the following order: 1) sub-divisional promotional, 2) departmental promotional, 3) multi-departmental promotional, 4) service-wide promotional, 5) departmental open, 6) open. When there are two lists of the same kind, the older must be used first. Eligible lists will expire in from one to four years unless otherwise stated on this bulletin.

GENERAL QUALIFICATIONS: Candidates must possess essential personal qualifications including integrity, initiative, dependability, good judgment, and 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. In open examinations, investigation may be made of employment records and personal history and fingerprinting may be required.

FAIRVIEW DEVELOPMENTAL CENTER
 2501 Harbor Boulevard
 Costa Mesa, CA 92626
 Public: (714) 957-5121
 TDD: (714) 957-5246

PORTERVILE DEVELOPMENTAL CENTER
 26501 Avenue 140
 Porterville, CA 93258
 Public: (559) 782-2087
 TDD: (559) 781-7822

SONOMA DEVELOPMENTAL CENTER
 15000 Arnold Drive
 Eldridge, CA 95431
 Public: (707) 938-6692
 TDD: (707) 938-6200

CANYON SPRINGS COMMUNITY FACILITY
 69-696 Ramon Rd. Cathedral City, CA 92334
 Public: (760) 770-6260
 TDD: (760) 770-2590

BEHAVIOR SPECIALIST II
EXAMINATION
SUPPLEMENTAL APPLICATION

The **BEHAVIOR SPECIALIST II (BS II)** examination is being administered as a **Departmental OPEN examination for the Department of Developmental Services (DDS)**. This is a **Training and Experience (T&E) examination** and consist solely of a **Supplemental Application** and accounts for 100% of the examination. **Applicants successful in the examination will be placed on an eligible list, which will be used to fill vacancies at DDS Headquarters only.**

The examination is designed to elicit a range of specific information regarding each candidate's knowledge, skills and abilities to successfully perform the duties of the BS II classification. The score a candidate receives is based upon an evaluation of the responses provided in the Supplemental Application. The examination utilizes a predetermined rating criteria and an established rating scale.

Applicants **MUST read and follow the directions on the following pages and complete and submit the required documents for acceptance into the examination.** The information you provide on the Supplemental Application may be used for any portion of the selection and/or recruitment process.

WHO SHOULD APPLY?

Applicants meeting the **minimum qualifications** of the classification (located on the examination bulletin).

HOW TO APPLY?

1. Complete and Print:

- Supplemental Application - located on the following pages
- Standard State Application (STD. 678) – located at <https://www.jobs.ca.gov/Public/StateForms.aspx>

2. Submit to:

Department of Developmental Services
1600 Ninth Street, MS-Q
Sacramento, CA 95814
Attention: Lisa Hudson

Contact Information: If you have any questions regarding the exam process please contact the Behavior Specialist II Exam Analyst, Lisa Hudson at (916) 322-0872 or lisa.hudson@dds.ca.gov.

BEHAVIOR SPECIALIST II
EXAMINATION
SUPPLEMENTAL APPLICATION
INSTRUCTIONS

Please read the instructions prior to proceeding to the “**Supplemental Application**” examination. This **Supplemental Application** consists of *three “SCALES”*. Utilizing the **THREE SCALES (A-C)** below, rate each job-related task statement utilizing SCALES A & B and assign one reference code from SCALE C. You will assign only **one rating/reference code** from each of the **three scales** for **every task statement (on the following pages)**.

The three scales below include; **two Rating Scales (Scale A & B)** and **one Reference Code (Scale C)**. If any of the scales are left blank your supplemental application will not be accepted and you will be disqualified from the exam.

SCALE A – Experience and/or Training

Instructions: In **Scale A – (Ratings 1- 4)**, assign **one rating** for the amount of **Experience and/or Training** (i.e. formal, paid and/or volunteer) you have performed/received.

Scale A: (Ratings 1- 4)

- 1 = 2 years of work experience and/or training
- 2 = 3 years of work experience and/or training
- 3 = 4 years of work experience and/or training
- 4 = 5 or more years of work experience and/or training

SCALE B – Education

Instructions: In **Scale B – (Ratings 1- 4)**, assign **one rating** for the **Education** you have obtained from an accredited institution of higher learning.

Scale B: (Ratings 1- 4)

- 1 = Associate of Arts or Science degree in a human services field
- 2 = Bachelor of Arts or Science degree in a human services field
- 3 = Master of Arts or Science degree in a human services field
- 4 = Doctorate degree in a human services field

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SUPPLEMENTAL APPLICATION

SCALE C – Reference Codes (A-E)

Instructions: In **Scale C (Reference Codes A - E)**, list **reference verification** information of persons that can verify your experience, training and/or education. A **Reference Code** can include **previous/current Employers, Trainers and/or Teachers/Instructors**. **DO NOT** list personal references (friends or family members).

Reference Code A

Name of Reference: _____

Phone Number: _____ E-mail: _____

Employer Name: _____ Employment Title: _____

Reference Code B

Name of Reference: _____

Phone Number: _____ E-mail: _____

Employer Name: _____ Employment Title: _____

Reference Code C

Name of Reference: _____

Phone Number: _____ E-mail: _____

Employer Name: _____ Employment Title: _____

Reference Code D

Name of Reference: _____

Phone Number: _____ E-mail: _____

Employer Name: _____ Employment Title: _____

Reference Code E

Name of Reference: _____

Phone Number: _____ E-mail: _____

Employer Name: _____ Employment Title: _____

BEHAVIOR SPECIALIST II

EXAMINATION

SUPPLEMENTAL APPLICATION

SCALES	<p><u>SCALE A</u> - Assign one rating</p> <p>1 = <u>2 years</u> of work <u>experience</u> and/or training</p> <p>2 = <u>3 years</u> of work <u>experience</u> and/or training</p> <p>3 = <u>4 years</u> of work <u>experience</u> and/or training</p> <p>4 = <u>5 or more years</u> of work <u>experience</u> and/or training</p>	<p><u>SCALE B</u> - Assign one rating</p> <p>1 = Associate of Arts or Science degree in a human services field</p> <p>2 = Bachelor of Arts or Science degree in a human services field</p> <p>3 = Master of Arts or Science degree in a human services field</p> <p>4 = Doctorate degree in a human services field</p>	<u>SCALE A</u> – Rating 1-4	<u>SCALE B</u> - Rating 1-4	<u>SCALE C</u> – Code A-E
TASK STATEMENTS					
1.	Experience, training and/or education communicating with consumer's Planning Team in their workings with treatment teams in individual/group therapy sessions of a physical, social, educational, spiritual, and cultural nature to ensure treatment needs of consumers are met as applicable.				
2.	Experience, training and/or education providing consultation, upon request, to the Planning Team regarding transfer of consumers from one living arrangement to another.				
3.	Experience, training and/or education providing feedback to the Planning Team regarding behavioral assessments, functional analysis and monitoring, and program implementation.				
4.	Experience, training and/or education communicating with the Planning Team regarding assessment tools.				
5.	Experience, training and/or education maintaining storage and destruction of confidential records and documentation in accordance with American Psychological Association (APA) and Health Insurance Portability and Accountability Act (HIPAA) and Behavior Analyst Certification Board guidelines.				
6.	Experience, training and/or education reviewing treatment plans and making recommendations regarding best practices and health and safety needs.				
7.	Experience, training and/or education providing training in the de-escalation of aggressive behavior of consumers using behavior intervention techniques and communication skills to protect self and others.				
8.	Experience, training and/or education assisting the Planning Team in identifying resource materials and other clinically relevant materials needed to address challenging behaviors.				

**BEHAVIOR SPECIALIST II
EXAMINATION
SUPPLEMENTAL APPLICATION**

SCALES	SCALE A - Assign one rating	SCALE B - Assign one rating	SCALE A – Rating 1 - 4	SCALE B - Rating 1 - 4	SCALE C – Code A - E
	1 = <u>2 years</u> of work <u>experience</u> and/or training 2 = <u>3 years</u> of work <u>experience</u> and/or training 3 = <u>4 years</u> of work <u>experience</u> and/or training 4 = 5 or more <u>years</u> of work <u>experience</u> and/or training	1 = Associate of Arts or Science degree in a human services field 2 = Bachelor of Arts or Science degree in a human services field 3 = Master of Arts or Science degree in a human services field 4 = Doctorate degree in a human services field SCALE C – Assign one reference code per task (A – E)			
TASK STATEMENTS					
9.	Experience, training and/or education reviewing the monthly plans and corresponding data to provide feedback to the facility planning team during semi-annual monitoring visits or as frequently as needed.				
10.	Experience, training and/or education maintaining working knowledge of current professional literature and practices regarding behavior intervention strategies and risk assessment of consumers.				

This is the **end of the Supplemental Application** and **concludes the examination**. Please complete the following information below.

Candidate Name (Printed): _____

Phone Number (Work): _____ **(Home/Cell):** _____

E-mail Address: _____

I understand that my original signature certifies that all the information provided in this self-rated questionnaire of training and experience is an accurate assessment and contains no willful misrepresentation or falsification. I further understand that this information may be verified and that if it is discovered I have made any false representations, I will be removed from the eligibility list resulting from this examination, and if employed by the State of California, possibly dismissed from civil service.

Signature

Date