



CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

HEALTH PROGRAM SPECIALIST I

Schematic Code: KH10 Classification Code: 8338 Exam Code: 8H1BG

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

\$5255-\$6578 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 Associate Health Program Adviser. (Applicants who have completed six months of service performing the duties as specified above will be admitted to the examination, but they must satisfactorily complete one year of this experience before they can be eligible for appointment.)

Or Two

Three years of progressively responsible experience in health program administration, at least one year of which shall have been with major responsibility for a significant program such as is normally found in a complex or departmentalized medical care delivery setting or health institution or organization. (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 up to 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 areas of extreme sensitivity and with responsibility for coordinating the development of broad policy with multiple departmental, immediate and long-range impacts. Positions at this level are those where the level of expertise required is definably greater than that for any other supervisory position at this level and the function performed is critical to the department's basic mission.

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

CONDITIONS OF EMPLOYMENT (631)

TRAINING AND EXPERIENCE QUESTIONNAIRE

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: 916-558-1753

EXAMINATION INFORMATION

The examination consists of Training and Experience Questionnaire weighted 100%. The Training and Experience Questionnaire has been designed to elicit specific information regarding each candidate's education and experience relative to the testing classification. Responses to the questionnaire will be assessed based on pre-determined 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 what is minimally required. Please complete the Training and Experience examination (located at the end of this bulletin) and submit it along with your State Application, form STD 678.

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.

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. Budget process for development of budget change concepts and proposals.
2. Case management principles including assessments, planning, coordination, monitoring, resource development, and evaluation.
3. Contract development, including State policies and procedures for contract negotiation and compliance.
4. Data gathering applications and research methods to ensure accuracy and quality results.
5. Department administrative processes to effectively implement and oversee projects and Programs.
6. Grant administration processes including application, implementation and monitoring of various grants.
7. How the politically sensitive environment impacts the Department/Program in effectively responding to health related issues.

8. Legislative process to effectively act on the Department's behalf in assisting with the development of legislative concepts and bill proposals.
9. Public health principles to develop effective Programs, services, and strategic planning.
10. Software programs to complete reports, analyze data, conduct research and communicate with others.
11. Staff collaboration to work with internal and external stakeholders.
12. Technical skills and abilities for various purposes.
13. Techniques to effectively evaluate Program development and operations.
14. The strategic planning process to anticipate future needs and effectively develop and implement a course of action.
15. (To) develop and interpret statistical analyses of policies and Programs.

Ability to:

1. Be sensitive to the needs of diverse groups.
2. Communicate clearly and effectively, both orally and in writing, with various audiences.
3. Conceptualize innovative Program implementation strategies through research of best practices.
4. Develop and interpret regulations as they apply to Programs and internal and external stakeholders.
5. Develop assessment tools to monitor compliance with contracts or mandates.
6. Establish and maintain cooperative professional relationships with individuals and entities at local, State, and Federal levels.
7. Gather and analyze data to identify needs, evaluate Programs, and to provide solutions.
8. Identify problems and evaluate situations to determine appropriate solutions and determine a best course of action.
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 pertinent information.
10. Recognize community needs to identify appropriate course of action for development of effective public health interventions.
11. Skillfully prioritize tasks in a fast paced, regularly evolving work environment.
12. Work effectively in a politically sensitive environment.
13. Work effectively with external entities, including governmental agencies, service providers, advocates, consumers, and special interest groups.
14. Work professionally within the Department's code of conduct.

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 **18** 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](http://www.jobs.ca.gov) (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) (<https://jobs.ca.gov/PDF/SPB1093.pdf>). Additional information is also available at the [Department of Veterans Affairs website](http://www.cdva.ca.gov) (<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

CONDIONS OF EMPLOYMENT (631)

Examination Title: Health Program Specialist I

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: _____

HEALTH PROGRAM SPECIALIST I
TRAINING AND EXPERIENCE QUESTIONNAIRE

This questionnaire is your entire exam and is designed to elicit a range of specific information regarding each candidate's knowledge, skills, abilities, and experience to effectively perform the duties relative to the classification. The information you provide will be evaluated using predetermined rating criteria. This Training and Experience Questionnaire will account for 100% of the weight of your examination for these classifications. In order to obtain a position on the eligible list, a minimum rating of 70% must be attained. Please answer questions completely since incomplete responses and omitted information cannot be considered and/or assumed.

Resumes, letters of reference, and other materials **will not be evaluated or considered** as responses to items in the Training and Experience Questionnaire. (**NOTE:** Failure to meet the minimum qualifications and/or to complete this questionnaire accurately will result in elimination from this examination.) Candidates who fail to follow the instructions and/or who solicit input or assistance from others to complete this questionnaire will be eliminated from this examination.

IT IS IMPORTANT THAT YOU RETAIN A COPY OF THIS TRAINING AND EXPERIENCE QUESTIONNAIRE FOR YOUR RECORDS.

THIS AFFIRMATION MUST BE COMPLETED:

I hereby certify and understand the information provided by me on this Training and Experience Questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I understand this information may be verified at any time. I also understand if it is discovered I have made any false representations, I will be removed from the examination process, removed from the list(s) resulting from this examination, and may not be allowed to compete in future examinations for State employment and I may be subject to prosecution for misdemeanor or felony offenses under California Law. Additionally, State employees may have adverse action taken against them up to and including dismissal.

Your signature (Required): _____ **Date:** _____

Print your name (Required): _____

Your Training and Experience Questionnaire will not be scored if you do not provide your name.

In responding to each statement, you may refer to your formal education, formal training courses or work experience (unpaid/volunteer or paid).

Respond to each of the following statements by indicating how the statement applies to you.

You should respond to every statement by marking only one option.

Extensive:

I possess an advanced level of education, training, or experience to the extent that I could effectively perform this action under the majority of circumstances or situations encountered; and I could instruct others on specific aspects of this action.

Moderate:

I possess solid education, training, or experience at the level that would allow me to perform this action successfully.

Limited:

I have some education, training, or experience of how to perform this action successfully, but may require additional instruction to apply or perform effectively.

Little or None:

I have little or no training, education, or experience of how to perform this action or what it may entail.

1. Representing the department on health related advisory committees.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
2. Identifying technical assistance needs of contractors and providing appropriate consultation.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
3. Applying the California Department of Public Health administrative processes, program policies and strategies when providing technical assistance to contractors.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
4. Collaborating with federal, state, local programs or providers to achieve the department's goals of providing quality public health services.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
5. Meeting with and advising management on complex program issues.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
6. Analyzing policies and make recommendations to management.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
7. Proposing policies that present alternatives for meeting program needs.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
8. Leading constituents in policy development.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
9. Leading the developer and review of funding applications, grants and proposals.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None

10. Developing and reviewing program standards and best practices to promote positive public health outcomes, and ensuring consistency, objectivity, and compliance with federal and state mandates.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
11. Coordinating and/or conduct site review to ensure grantee compliance with contractor's obligations.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
12. Monitoring contracts to ensure compliance with contractual obligations.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
13. Act as a Subject Matter Expert when responding to inquiries from various internal and external sources.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
14. Collaborating with local, state, and federal agencies, as well as the public, to identify issues and develop solutions in regard to program development.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
15. Establishing mission statements, goals, objectives, activities, or evaluation processes relevant to development of a strategic plan.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
16. Leading in the development of the strategic planning process.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
17. Presenting findings and outcomes orally to audiences of various sizes and responsibility levels.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None

18. Presenting findings and outcomes in writing to audiences of various sizes and responsibility levels.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
19. Preparing complex reports and documents for legislators, management, and other requestors.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
20. Leading the development and interpretation of needs assessments to determine public health needs.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
21. Analyzing federal, state, local laws and regulations for possible affects on program functions, and/or requirements.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
22. Analyzing data or researching to determine areas of need for the program.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
23. Analyzing budgets to determine how funding should be spent to meet program needs.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
24. Leading the development and interpretation of needs assessments to determine public health needs.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
25. Developing legislative proposals to meet department and/or program needs.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None

26. Developing budget change concepts to meet department and/or program needs.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
27. Conduct legislative bill analysis.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
28. Conducting meetings with stakeholders to update, inform, and discuss program issues.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
29. Developing regulations for new or existing programs.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
30. Leading internal and/or external workgroups to accomplish program goals and objectives.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
31. Summarizing large quantities of information for program management.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
32. Speaking publicly about complex issues and policies clearly and concisely.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
33. Utilizing Microsoft Office (i.e., word processing, database, spreadsheet, email, and presentation software).	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None
34. Navigating the Internet to gather information.	<input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> Little or None