



**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
HEALTH PROGRAM MANAGER II  
Departmental Open Statewide Examination  
Final Filing Date: **July 26, 2013**  
Bulletin Release Date: **June 25, 2013****



KH08-8428      3H138-02

California State Government supports equal opportunity to all regardless of race, color, creed, national origin, ancestry, gender, marital status, disability, religious or political affiliation, age, or sexual orientation. It is an objective of the State of California to achieve a drug-free 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.

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

**HOW TO APPLY:** Applications (STD. 678) and Supplemental Applications (page three) must be submitted via the U.S. Postal Service or hand delivered to the California Department of Public Health Human Resources Office (hours are 8:00 AM to 5:00 PM). Standard State Applications (STD. 678) can be found at: <http://jobs.ca.gov/pdf/std678.pdf>. Submit hard copies to:

**Mailing Address:**  
California Department of Public Health  
Selection & Certification Unit  
MS 1700-1702  
P.O. Box 997378  
Sacramento, CA 95899-7378

**File in Person Address:**  
California Department of Public Health  
Selection & Certification Unit  
1501 Capitol Avenue, Suite 71.1501  
Sacramento, CA 95814  
Telephone: (916) 445-0983

**DO NOT SUBMIT APPLICATIONS TO THE STATE PERSONNEL BOARD OR THE CALIFORNIA DEPARTMENT OF HUMAN RESOURCES. ALSO, THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH WILL NOT ACCEPT APPLICATIONS SENT ONLINE, VIA INTER-AGENCY MAIL OR FAX.**

**FINAL FILING DATE:** Applications (STD. 678) and Supplemental Applications must be submitted by **July 26, 2013**, the final filing date. Applications postmarked or personally delivered after the filing deadline will not be accepted.

**SALARY RANGES:** \$5,576 - \$6,727 per month.

**POSITION DESCRIPTION:** This is the full supervisory level. Under general direction, incumbents plan, organize and direct the work of a staff administering comprehensive health programs or projects. These positions are typically used at the section level and above, and are characterized by one of the following criteria:

1. Serve as Assistant Chief of a major program and have line responsibility for a portion of a large, well-defined program with multidisciplinary staff. Responsibilities include complex staff services functions in addition to program responsibilities. or
2. Serve as Assistant Chief of a major program and have responsibility for a portion of a moderate size statewide health program with a wide variety of program area, developmental projects or pilot projects, and diverse funding sources. Responsibilities usually include program development for grant proposals and multiple complex contracts requiring a high level of program knowledge, or
3. Have full management and supervisory responsibility for a small complex program with emphasis on health program knowledge and requiring staff services skills.

Positions exist with the California Department of Public Health statewide.

**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 by **July 26, 2013**, the final filing date. Your signature on your application indicates that you have read, understood, and possess the basic qualifications required.

NOTE: Applications/resumes **must** include "to" and "from" dates (month/day/year), time base, 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 (if applicable).

**Applications/resumes received without this information will be rejected. A copy of your official degree and transcripts may assist in the evaluation of your qualifications as it relates to meeting the education requirements for this examination.**

**MINIMUM QUALIFICATIONS:** Qualifying experience may be combined on a proportionate basis if the following requirements include more than one pattern and are distinguished as either I, or II, or III, etc.

**Either I**

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

**Or II**

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

**Or III**

**Experience:** Four years of progressively responsible experience in health program administration, at least two years of which shall have been with independent responsibility for a significant program such as 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 up to one year of the required experience.) **and**

**Education:** 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.)

**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.

**EXAMINATION INFORMATION:** The examination will consist of a Supplemental Application weighted 100%. Applicants are required to respond to the five supplemental items provided on this announcement. These supplemental items are designed to identify job achievement in specific areas that demonstrates ability to successfully perform at the Health Program Manager II 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:** Each applicant for this examination **must** complete and submit responses to the five supplemental items that follow. Answer questions completely; incomplete responses and omitted information cannot be considered or assumed. Resumes, letters of reference, and other materials will not be evaluated or considered as responses to items in the supplemental application. **YOUR RESPONSES ARE SUBJECT TO VERIFICATION** and should be an accurate reflection of your personal experience.

Applications received without responses to the supplemental items will be rejected.

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

- Your responses must be typewritten or generated by word processing on 8½" X 11" paper.
- Your font size should be no smaller than "10" pitch.
- Your responses must be limited to one page per item.
- Identify each page with your full name.
- Make sure your responses are complete, specific, clear, and concise.
- Answer each numbered item separately, indicating the corresponding item number for each response. (You may include multiple responses on a single page.)
- Include place of employment, pertinent dates, duties performed, etc., when responding to items.
- 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.
- 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 APPLICATION ITEMS**

1. Describe your experience in planning, organizing, directing, and setting priorities and workload expectations of staff administering a comprehensive health program. At a minimum, include the length of your experience.
2. Describe your experience and ability to manage health program budgets, including different funding sources, and steps you have taken to ensure health programs do not overspend their resources
3. HPM II's oversee grant programs funded by multiple sources, providing critical services to a targeted population. The grant program is composed of local grantees, an evaluation contract, and a technical assistance and training contract. Describe your experience overseeing multiple contractual relationships as they relate to a singular program. Describe how you were able to ensure collaboration, performance, accountability and the outcomes.
4. As an HPM II, you are responsible for providing equal employment opportunities for all, and ensuring the work environment is free from discrimination and harassment of any kind. Describe how you would ensure employment opportunities and a discrimination and harassment free work environment.
5. Describe two different experiences that demonstrate your ability to use appropriate communication skills to diffuse or resolve conflict between staff. At a minimum, include in the response the nature of the conflicts, the steps you took to diffuse or resolve them, and the outcomes.

---

**I hereby certify and understand that the information provided by me in this supplemental application is true and complete to the best of my knowledge 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 promotional list resulting from this examination, and possibly dismissed from civil service.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return this page with your original signature along with your Supplemental Application.

Please ensure that your return envelope has adequate postage. Facsimiles (FAX) will not be accepted under any circumstance.

**ELIGIBLE LIST INFORMATION:** Possession of the entrance requirements does not assure a place on the eligible list. In order to obtain a position on the eligible list, a minimum rating of 70% must be attained. A departmental open list will be established for use by the department(s) listed on this announcement. The list will expire 24 months after it is established unless the needs of the service and conditions of the list warrant a change in this period.

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, and 6) open. When there are two lists of the same kind, the older must be used first.

**VETERANS PREFERENCE:** Veterans preference credits will not be granted in this examination since it does not qualify as an entrance examination. [California law](#) limits granting of veterans preference credits to entrance examinations. .

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