

DUTY STATEMENT

CDCR INSTITUTION OR DEPARTMENT California Correctional Health Care Services		POSITION NUMBER (Agency – Unit – Class – Serial)				
UNIT NAME AND CITY LOCATED		CLASSIFICATION TITLE STAFF PSYCHIATRIST				
		WORKING TITLE				
		COI Yes ☐ No ☐	WORK WEEK GROUP	CBID	TENURE	TIME BASE
SCHEDULE (Telework may be available): ____ AM to ____ PM. (Approximate only for FLSA exempt classifications)		SPECIFIC LOCATION ASSIGNED TO				
INCUMBENT (If known)		EFFECTIVE DATE				
California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) are committed to transforming the correctional landscape to create safer, more professional, and more fulfilling environments for our employees, the incarcerated population, and those supervised in our communities. Through systemwide improvements grounded in proven and emerging practices, we aim to strengthen rehabilitation, enhance workplace satisfaction, and support successful reentry into the community through our institutions, parole, and community partnerships. Our shared mission is to promote safety, wellness, and human dignity while fostering positive change for all those who live and work within our institutions and communities. CDCR and CCHCS are committed to building an inclusive respectful workplace. We are determined to attract and hire candidates from all communities and empower employees from a variety of backgrounds, perspectives, and personal experiences. We are proud to foster inclusion and drive collaborative efforts at all levels of the Department. Across our organization, our programs work cooperatively to provide the highest level of health care possible to a diverse correctional population. We encourage creativity and ingenuity while treating others fairly, honestly, and with respect, all of which are critical to the success of the CDCR and CCHCS mission.						
PRIMARY DOMAIN:						
Under general direction of the Senior Psychiatrist (Sup), the Psychiatrist in Mental Health Services is a member of an Interdisciplinary Treatment Team providing general population outpatient services to inmates. The Team includes other psychiatrists, psychologists, and psychiatric social workers assigned to a Service Area. In general, the staff psychiatrist in case management performs psychiatric evaluations, participates in treatment planning and case reviews, prescribes medications, and provides crisis intervention and psychotherapy. The staff psychiatrist also provides consultations and training in treatment approaches to both clinical and custody staff of the Interdisciplinary Treatment Team.						
% of time performing duties	Indicate the duties and responsibilities assigned to the position and the percentage of time spent on each. Group related tasks under the same percentage with the highest percentage first. <i>(Use addition sheet if necessary)</i>					
ESSENTIAL FUNCTIONS						
25%	Evaluation, diagnosis, and treatment planning. Performs evaluations of incarcerated individuals referred for various reasons to case management including crisis evaluations and specialized psychiatric evaluations for specific clinical conditions such as suspected physical or neurological conditions, need for psychiatric medications or need for placement in an inpatient program. Provides a diagnostic impression, delineates major mental health problems, and participates as a member of the Team in mental health treatment planning.					
25%	Psychiatric medications prescription and monitoring. Performs follow-up or initial assessments on the psychiatric medication of new admissions to CCCMS or subsequent assessments of existing cases already on medication. With the Primary Clinicians, monitors the effectiveness of the medication on special					

10% 10% 5% 5% 5% 5% 5% 5%	target symptoms and for alleviating or enhancing specific problems. Ensures that medications are properly delivered and taken and orders any laboratory studies clinically indicated. Documents the presence, as well as the absence, of any medication side effects. Ascertains that medical records include properly executed signed informed consents regarding psychiatrist medication and ensures that all policies of CDC regarding the administration and monitoring of the temperature/deregulating medications are followed by the facility. Crisis intervention and clinical consultation to other settings. In addition to crisis evaluations, provides other crisis intervention services such as brief intensive therapies to incarcerated individuals in serious crisis situations. Provides clinical consultation about specific incarcerated individuals or about treatment and management procedures to staff in other levels of care in the same facility. Treatment team meetings and case review and monitoring. Plays an active role in all Team meetings, quality assurance meetings, and other case specific meetings, adding specific psychiatric insights to all cases. Uses Team meetings to provide training and supervision to part-time and new psychiatrists. Individual and group psychotherapy. Provides group or individual psychotherapy either to an assigned caseload or to other cases referred by Primary Clinicians. Teaches or provides consultation on psychotherapy procedures to other members of the Team. Psychiatric manager. Maintains a close working relationship with all medical staff committees, the Chief Medical Officer and Chief Psychiatric Officer, as well as the Warden and any key custody staff. May act as the Senior Psychiatrist in the absence of the Senior Psychiatrist. Automated tracking. With the support of the clerical staff, maintains and monitors a computerized scheduling, tracking, and assessment system within the Mental Health Services Delivery System. Participates in activities resulting in computer literacy of professional staff, automated documentation of a standard medical record, clarity of the recorded material, and accuracy and completeness of recording of mental health contacts. Staff training. Ensures continuity of psychiatric approach and up-to-date knowledge of legal issues, psychiatric medication management issues, and other treatment issues unique to corrections such as malingering and symptom exaggeration by providing training sessions to staff, beyond those of supervision in team meetings or in consultation for a second opinion. Continuing medical education and in-service training. Participates in training for licensing and as required by the facility. Other duties as required. Performs medical-legal assessments of incarcerated individuals and clinical evaluations of complex medical-legal issues under supervision of the facility's Senior or Chief Psychiatrist. Provides on-call coverage to the institution as directed by the Senior or Chief Psychiatrist.
	KNOWLEDGE AND ABILITIES <i>Knowledge of:</i> Principles and methods of psychiatry, and skill in their application; current developments in the field of psychiatry; mental health care organization and procedures; principles and application of psychiatric social work, clinical psychology, physical therapy, various rehabilitation therapies, and other ancillary medical services; principles and techniques of psychiatric research; and principles and practices of effective supervision and directing health care providers. <i>Ability to:</i> Direct the work of others; instruct in the principles and practices of psychiatry; interpret laboratory analyses; prepare and supervise the preparation of case histories and the keeping of health care records; analyze situations accurately and take effective action; maintain effective working relationships with health care professionals and others; and communicate effectively. SPECIAL REQUIREMENTS OR CONTINUING EDUCATION REQUIREMENT CCHCS does not recognize hostages for bargaining purposes. CCHCS and CDCR have a "NO HOSTAGE" policy and all incarcerated patients, visitors, nonemployees, and employees shall be made aware of this.

SPECIAL PERSONAL CHARACTERISTICS

Interpersonal skills: Work independently in a team setting.

- Influence change and strengthen the community. Set an example each day through positive and pro-social role modeling, utilizing dynamic security concepts.
- Willingness to play a significant role in the collaborative efforts toward rehabilitation and public safety enhancement.
- Ability to facilitate conversations as a coach and mentor, engaging in a respectful and understanding manner.
- Ability to build trust, improve communication, and assist with the transformation of correctional culture.

SPECIAL PHYSICAL CHARACTERISTICS

Ability to: Persons appointed to this position must be reasonably expected to have and maintain sufficient strength, agility, and endurance to perform during stressful (physical, mental, and emotional) situations encountered on the job without compromising their health and well-being or that of their fellow employee's or that of incarcerated individuals or youthful offenders.

Assignments may include sole responsibility for the supervision of incarcerated individuals or youthful offenders and/or the protection of personal and real property.

Ability to: Bend, stoop, climb stairs, push, pull, twist and briskly walk (minimum of 50 yards.) to provide direct incarcerated patient care.

Ability to: Utilize medical and/or custodial personal protective equipment for the safety of oneself and others.

The following is a definition of on-the-job time spent in physical activities:

Constantly: Involves 2/3 or more of a workday

Frequently: Involves 1/3 to 2/3 of a workday

Occasionally: Involves 1/3 or less of a workday

N/A: Activity or condition is not applicable

Standing: Frequently – stands for periods of time to file, at the copy machine, and other office machines.

Walking: Frequently – has to walk throughout Institution on uneven, sometimes rough terrain – including walking up and down ramps and slopes.

Sitting: Constantly – at a desk or computer table. There is a flexibility for movement on a frequent basis to break sitting with standing and walking.

Lifting: Frequently – lifts files weighing a few ounces and rarely files weighing up to 20 lbs.

Carrying: Frequently – this activity can be considered to require the same physical demands as lifting.

Stooping/Bending/Kneeling/Crouching: Frequently – stretches, stoops/bends, kneels, and crouches to pull/file documents from the lower shelves in filing cabinets.

Reaching in Front of Body: Frequently – will be utilizing a keyboard and reaching for items such as the telephone, files and supply boxes.

Reaching Overhead: Occasionally – reaches overhead to retrieve objects from the top shelf of the file cabinet.

Climbing: Frequently – climbs when using the step stool to reach objects. Climbs steps throughout the institution during performance of regular work responsibilities.

Balancing: Occasionally – balances when using the step stool, stairs or lifts.

Pushing/Pulling: Frequently – has to push/pull to open file drawers, desk drawers, carts and racks.

Fine Finger Dexterity: Constantly – will use fine-finger dexterity to write information onto documents and to type information into the computer, manipulate equipment such as a fax machine or telephone.

Hand/Wrist Movement: Constantly – uses hands and wrists in the handling of documents and files, typing, data entry and writing.

Crawling: N/A

Driving: Occasionally

Sight/Hearing/Speech/Writing Ability: Adequate vision and hearing, as well as the ability to write and speak clearly, are required to effectively perform the essential job duties.

WORK ENVIRONMENT: The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The Staff Psychiatrist works in an office with his/her own desk area and computer, with florescent lighting and a thermostatically controlled environment.

MACHINES, TOOLS, EQUIPMENT, AND WORK-AIDS: The Staff Psychiatrist utilizes a computer, a printer, a telephone, and the usual office supplies.

GENERAL POST ORDER ADDENDUM

General requirements: Incarcerated patients with disabilities are entitled to reasonable modifications and accommodations to CDCR policies, procedures, and physical plant to facilitate effective access to CDCR programs, services, and activities. These modifications and accommodations might include, but are not limited to, the following:

- measures to ensure effective communication (see below);
- housing accommodations such as wheelchair accessible cells, medical beds for incarcerated patients who cannot be safely housed in general population due to their disabilities, dorm housing, or ground floor or lower bunk housing;
- health care appliances such as canes, crutches, walkers, wheelchairs, glasses, and hearing aids; and work rules that allow the incarcerated patient to have a job consistent with his/her disabilities. Medical staff shall provide appropriate evaluations of the extent and nature of incarcerated individuals disabilities to determine the reasonableness of requested accommodations and modifications.

Equally Effective Communication: The Americans with Disabilities Act (ADA) and the *Armstrong* Remedial Plan require CDCR to ensure that communication with individuals with disabilities is equally effective as with others.

- Staff must identify incarcerated patients with disabilities prior to their appointments.
- Staff must dedicate additional time and/or resources as needed to ensure equally effective communication with incarcerated patients who have communication barriers such as hearing, vision, speech, learning, or developmental disabilities. Effective communication measures might include slower and simpler speech, sign language interpreters, reading written documents aloud, and scribing for the incarcerated patient. Consult the ADA Coordinator for information or assistance.
- Staff must give primary consideration to the preferred method of communication of the individual with a disability.
- Effective communication is particularly important in health care delivery settings. At all clinical contacts, medical staff must document whether the incarcerated patient understood the communication, the basis for that determination, and how the determination was made. A good technique is asking the incarcerated patient to explain what was communicated in his or her own words. It is not effective to ask "yes or no" questions; the incarcerated patient must provide a substantive response indicating understanding of the matters that were communicated.
- Staff must obtain the services of a qualified sign language interpreter for medical consultations

	when sign language is the incarcerated patients' primary or only means of communication. An interpreter need not be provided if an incarcerated patient knowingly and intelligently waives the assistance, or in an emergency situation when delay would pose a safety or security risk, in which case staff shall use the most effective means of communication available such as written notes. DECS: The Disability Effective Communication System (DECS) contains information about incarcerated patients with disabilities. Every institution has DECS access and staff must review the information it contains in making housing determinations and providing effective communication. Housing restrictions: All incarcerated patients shall be housed in accordance with their documented housing restrictions such as lower bunks, ground floor housing, and wheelchair accessible housing, as noted in DECS and their central and medical files. All staff making housing determinations shall ensure that incarcerated patients are housed appropriately. Prescribed Health Care Appliances (including dental appliances): Staff (health or security) shall not deny or deprive prescribed health care appliances to any incarcerated patient for whom it is indicated unless (a) a physician/dentist has determined it is no longer necessary or appropriate for that incarcerated patient, or (b) documented safety or security concerns regarding that incarcerated patient require that possession of the health care appliance be disapproved. If a safety or security concern arises, a physician, dentist, Health Care Manager, or Chief Medical Officer shall be consulted immediately to determine appropriate action to accommodate the incarcerated patient's needs.	
SUPERVISOR'S STATEMENT: <i>I HAVE DISCUSSED THE DUTIES OF THE POSITION WITH THE EMPLOYEE</i>		
SUPERVISOR'S NAME (Print)	SUPERVISOR'S SIGNATURE	DATE
EMPLOYEE'S STATEMENT: <i>I HAVE DISCUSSED WITH MY SUPERVISOR THE DUTIES OF THE POSITION AND HAVE RECEIVED A COPY OF THE DUTY STATEMENT</i>		
The statements contained in this duty statement reflect general details as necessary to describe the principal functions of this job. It should not be considered an all-inclusive listing of work requirements. Individuals may perform other duties as assigned, including work in other functional areas to cover absence of relief, to equalize peak work periods or otherwise balance the workload.		
EMPLOYEE'S NAME (Print)	EMPLOYEE'S SIGNATURE	DATE