

**DUTY STATEMENT
CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS**

PART A	
Position No: 573-200-9877-019	Date:
Class: Clinical Social Worker Health Facility	Name:
Under the direction of the Supervising Psychiatric Social Worker over Domiciliary and RCFE levels of care, this position is responsible for managing and conducting behavioral health treatment programs in support of the Veterans Home of California, Yountville. Treatment programs include but are not limited to Substance Use Disorder therapy, group therapy and individual counseling for substance and behavioral problems.	
Percentage of time performing duties:	ESSENTIAL FUNCTIONS
45%	Develop, perform, and maintain a behavioral treatment program (Behavioral Therapy) for the care of residents at all levels of care. Program elements include clinical assessments and diagnosis, education, individual and group counseling, and monitoring of residents enrolled in the program. This position will work with staff in guiding and educating them on how to care for residents with behavioral and mental health problems. The therapy includes but is not limited to post traumatic stress, anger management, grief, depression, social anxiety, attention deficit hyperactivity disorders (ADHD), and relationship problems.
35%	Develop, perform, and maintain a substance use disorder treatment program (Substance Use Disorder Therapy) for the care of residents at all levels of care. Program elements include clinical assessment and diagnosis education, individual and group counseling, monitoring of residents enrolled in the program. This position will work with staff in guiding and educating them on how to care for residents with substance use disorders. Substances to address include, but is not limited to, alcohol, opioids, methamphetamine, marijuana, and cocaine.
15%	Maintain medical and mental health records and bill for services. Document Care Planning. Maintain communication as needed with primary care providers and other mental health professionals. Collect and maintain data on the program such as workload analysis. Participate in multidisciplinary groups as needed for residents. Work with medical providers to integrate behavioral and physical health to address comorbidities and co-occurring disorders.
NON-ESSENTIAL FUNCTIONS	
5%	Other related duties as assigned.

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PART B - PHYSICAL AND MENTAL REQUIREMENTS OF ESSENTIAL FUNCTIONS

Activity	Not Required	Less than 25%	25% to 49%	50% to 74%	75% or More
VISION: View computer screen; prepare various forms, memos, reports, letters, and proofread documents.					X
HEARING: Listening to staff and patients.					X
SPEAKING: Communicate with residents and staff in person, via telephone; and interact in meetings.					X
WALKING: Within the home to various units.			X		
SITTING: Work station; meetings; training.					X
STANDING: Copy documents; assist Administration and department staff.		X			
BALANCING:		X			
CONCENTRATING: Develop Treatment programs, counseling individuals and groups.					X
COMPREHENSION: Understand and analyze the care needed for residents.					X
WORKING INDEPENDENTLY: Must be able to apply laws, rules and processes with minimal guidance.					X
LIFTING UP TO 10 LBS:			X		
LIFTING 10-25 LBS:		X			
LIFTING 25-50 LBS:		X			
FINGERING: Push telephone buttons, calculator keys, and computer keyboard.					X
REACHING: Answer telephone; use a mouse; retrieve documents from printer.				X	
CARRYING: Transport documents and training materials.		X			
CLIMBING: Stairs.		X			
BENDING AT WAIST: Use copier; access low file drawers.			X		
KNEELING: Access low file drawers.		X			
PUSHING OR PULLING: Carts and chairs.		X			
HANDLING: Sort paperwork; distribute mail.				X	
DRIVING: Golf carts		X			
OPERATING EQUIPMENT: Computer, telephone, copier, printer, fax machine.					X
WORKING INDOORS: Enclosed office environment.					X
WORKING OUTDOORS: Between buildings.			X		
WORKING IN CONFINED SPACE:		X			

I have read and understand the duties listed on this Duty Statement and I can perform these duties with or without reasonable accommodation. (If reasonable accommodation may be necessary, discuss any concerns with the Equal Employment Opportunity Office.)

Employee signature _____ Date _____

Supervisor signature _____ Date _____

Human Resources signature _____ Date _____