

**DUTY STATEMENT**

CDCR INSTITUTION OR DEPARTMENT California Correctional Health Care Services		POSITION NUMBER (Agency – Unit – Class – Serial)				
UNIT NAME AND CITY LOCATED Medical Social Work-California Health Care Facility		CLASSIFICATION TITLE Clinical Social Worker				
		WORKING TITLE				
		COI Yes <input type="checkbox"/> No <input type="checkbox"/>	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)/ California Correctional Health Care Services (CCHCS) values all team members. We work cooperatively to provide the highest level of health care possible to a diverse correctional population, which includes medical, dental, nursing, mental health, and pharmacy. We encourage creativity and ingenuity while treating others fairly, honestly, and with respect, all of which are critical to the success of the CDCR/CCHCS mission.						
<b>PRIMARY DOMAIN:</b>						
Under the general direction of the Department Supervisor, the Licensed Clinical Social Worker is assigned to the Medical Social Work Department to collaborate with medical and custody professionals in providing essential support to patients, families and healthcare teams. They support patients with emotional and social aspects of patient care and play a vital role in community outreach, resource coordination, patient advocacy and discharge planning for medically complex patients upon reentry.						
% 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. (Use addition sheet if necessary)					
<b>ESSENTIAL FUNCTIONS</b>						
<b>50%</b>	Performing patient interviews and needs assessments; Coordinating and consulting with medical and custody staff both onsite and outside the institution; Making appropriate referrals to TCMP and PHN services; Gathering patient information from electronic medical record, inpatient record, and custody file reviews, observing, receiving, and otherwise obtaining information from all relevant source; Contacting authorized family and non-family members on patient's behalf; Participating in IDT meetings. Documenting all discharge planning activities including all relevant contacts; Developing and distributing draft and final discharge plans.					
<b>20%</b>	Making phone calls relevant to meeting patient needs in preparation for discharge/reentry; Maintaining constant electronic communication with the appropriate entities within and outside the facility for discharge planning purposes including community referral/resource linkage, patient advocacy, information gathering, and specific patient need; Responding to custody notification alerts of patient releases; Establish and Maintain professional relationships					

<p><b>20%</b></p>	<p>Preparing the patient for release back into the public community; working closely with Classification and Parole Representative, CDCR Case Records, CMF UM/Patient Management Unit, Division of Adult Parole Operations HQ-Parolee Health Management Unit, general custody staff, and various other mental health and medical healthcare providers throughout the institution to coordinate outside placements, arrange for transportation, link to community resources including referral for benefits and health insurance application assistance, arrangement for continuity of medical treatment services such as dialysis, and to equip patients with essential medication and medical equipment for immediate post-release medical needs.</p>
<p><b>10%</b></p>	<p>Also performing other duties related to medical social work scope of practice upon request or as assigned such as completing advance directives, advocating for patient medical needs, providing psychosocial support and completing written or verbal correspondence with patients as indicated</p> <p><b>KNOWLEDGE AND ABILITIES</b></p> <p><b>KNOWLEDGE OF:</b> Principles, procedures, techniques, trends, and literature of social work with particular reference to clinical social work; psycho/social aspects of mental and developmental and physical disabilities; community organization principles; scope and activities of public and private health and welfare agencies; characteristics of mental, developmental, and physical disabilities; current trends in mental health, public health and public welfare, and Federal and State programs in these fields.</p> <p><b>ABILITY TO:</b> Utilize and effectively apply the required technical knowledge and ethical principles; establish and maintain the confidence and cooperation of persons contacted in the work; secure accurate psycho/social data and record such data systematically; prepare clear, accurate, and concise reports; work family and community agencies in preparation for discharge; develop and implement programs; provide professional consultation; analyze situations accurately and take effective action; communicate effectively. Ability to work as a member of an interdisciplinary treatment team.</p> <p><b>DESIRABLE QUALIFICATIONS</b></p> <p><b>OTHER DOMAINS</b></p> <p><b>SPECIAL PHYSICAL CHARACTERISTICS</b> Persons appointed to this position must reasonably be expected to have and maintain sufficient strength, agility, and endurance to perform during physically, mentally, and emotionally stressful situations encountered on the job without compromising their health and well-being or that of their fellow employees, patients, or incarcerated individuals. Assignments may include sole responsibility for the control of patients, clients, or incarcerated individuals and the protection of personal and real property.</p> <p><b>SPECIAL PERSONAL CHARACTERISTICS</b></p> <ul style="list-style-type: none"> <li>• Influence change and strengthen the community. Set an example each day through positive and pro-social role modeling, utilizing dynamic security concepts.</li> <li>• Willingness to play a significant role in the collaborative efforts toward rehabilitation and public safety enhancement.</li> <li>• Ability to facilitate conversations as a coach and mentor, engaging in a respectful and understanding manner.</li> <li>• Ability to build trust, improve communication, and assist with the transformation of correctional culture.</li> <li>• An objective and empathic understanding of individuals with the mental, developmental, or physical disabilities; flexibility to alter hours as needed; tolerance; tact; emotional</li> </ul>

stability; and respect for persons from diverse backgrounds. Enthusiasm; strong organization skills; ability to use computers and related technology, including Microsoft Office Software programs and CDCR-specific tracking programs and electronic records.

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. The Clinical Social Worker, H/CF will frequently use hearing, speech and written language to interface with staff, visitors, patients and community.

**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 Clinical Social Worker, H/CF works in an office with his/her own desk area and computer, with fluorescent lighting and a thermostatically controlled environment.

**MACHINES, TOOLS, EQUIPMENT, AND WORK-AIDS:** The Clinical Social Worker, H/CF utilizes a computer, a printer, a telephone, vertical filing cabinets, copy machines, shredder, fax machine, typewriter, and the usual office supplies.

**GENERAL POST ORDER ADDENDUM.**

General requirements: incarcerated individuals/patients with disabilities are entitled to reasonable modifications and accommodations to COCR policies, procedures, and physical plant to facilitate effective access to COCR 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 individuals /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 individuals /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 (AOA) and the *Armstrong* Remedial Plan require COCR to ensure that communication with individuals with disabilities is equally effective as with others.

- Staff must identify incarcerated individuals/patients with disabilities prior to their appointments.
- Staff must dedicate additional time and/or resources as needed to ensure equally effective communication with incarcerated individuals/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 individuals/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 individuals/patient understood the communication, the basis for that determination, and how the determination was made. A good technique is asking the incarcerated individuals/patient to explain what was communicated in his or her own words. It is not effective to ask "yes or no" questions; the incarcerated individuals/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 individuals/patients' primary or only means of communication. An interpreter need not be provided if an incarcerated individuals/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 individuals/patients with disabilities. Every institution has OECS access and staff must review the information it contains in making housing determinations and providing effective communication.

**Housing restrictions:** All incarcerated individuals/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

<p>determinations shall ensure that incarcerated individuals/patients are housed appropriately.</p> <p><b>Prescribed Health Care Appliances (including dental appliances):</b> Staff (health or security) shall not deny or deprive prescribed health care appliances to any incarcerated individuals/patient for whom it is indicated unless (a) a physician/dentist has determined it is no longer necessary or appropriate for that incarcerated individuals/patient, or (b) documented safety or security concerns regarding that incarcerated individuals/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 individuals/patient's needs.</p>		
<p><b>SUPERVISOR'S STATEMENT: I HAVE DISCUSSED THE DUTIES OF THE POSITION WITH THE EMPLOYEE</b></p>		
<p>SUPERVISOR'S NAME (Print)</p>	<p>SUPERVISOR'S SIGNATURE</p>	<p>DATE</p>
<p><b>EMPLOYEE'S STATEMENT: I HAVE DISCUSSED WITH MY SUPERVISOR THE DUTIES OF THE POSITION AND HAVE RECEIVED A COPY OF THE DUTY STATEMENT</b></p>		
<p>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.</p>		
<p>EMPLOYEE'S NAME (Print)</p>	<p>EMPLOYEE'S SIGNATURE</p>	<p>DATE</p>