DUTY STATEMENT

CDCR INSTITUTION OR DEPARTMENT California Correctional Health Care Services	POSITION NUMBER (Agency – Unit – Class – Serial)				
UNIT NAME AND CITY LOCATED Health Care Services	CLASSIFICATION TITLE Staff Psychiatrist, C&RS (Safety)				
	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:	

(Position Summary)

% 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)*
	ESSENTIAL FUNCTIONS
55%	Provides psychiatric care in person or via telepresence for a caseload of patients in various settings, including but not limited to the Correctional Clinical Case Management System (CCCMS), Enhanced Outpatient Program (EOP), Mental Health Crisis Bed Unit (MHCB), Psychiatric Inpatient Program (PIP) Treatment and Triage Area (TTA), Alternative Housing, and/or Correctional Treatment Center (CTC), as clinically indicated. Evaluates patients referred from the General Population (GP) and considers placement of such patients into the Mental Health Services Delivery System (MHSDS). Conducts initial and follow-up medication evaluations and makes prescription adjustments when indicated. Prepares and reviews medical records, progress notes, reports, and chronos. Orders and monitors appropriate laboratory work, makes referrals to primary care and other specialties as needed. Admits patients to the inpatient level of care, and follows up as needed. Coordinates scheduling of intake and follow-up assessments, in accordance with statewide policy and directives. Complete documentation within the electronic health record

	system (EHRS) or via alternative documentation that shall be transmitted to EHRS within policy mandated timelines.
20%	Actively participates in Interdisciplinary Treatment Team (IDTT) meetings and provides guidance to the treatment team about the patient's psychiatric care. Confers with physicians, nurses, and medical assistants regarding patient status and medications. Attends unit or program meetings as needed. Performs site visits to assigned institution(s) at designated intervals. Understands assigned institution's local processes and fosters relationships with staff at the institution(s) by using good communication skills, diplomacy, and flexibility.
10%	Physically available during regular duty hours for psychiatric emergencies that may arise. Responds to emergencies and provides emergency psychiatric evaluation and treatment. Promptly response to emails from institutional and Telepsychiatry supervisors. Provides cross-coverage care if another provider is out. Provides psychiatric on-call coverage outside of regularly scheduled work hours as needed.
5%	Attends continuing medical education and complete all mandatory training within program required timeframes.
5%	Participates in quality improvement programs including chart reviews, staff training, utilization review, and others as required.
5%	Other duties as assigned.

DESIRABLE QUALIFICATIONS

QUALIFICATIONS: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skills, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EDUCATION and/or EXPERIENCE: Possession of adequate education and experience to meet physicians' licensing requirements and completion of an approved residency in psychiatry.

LANGUAGE SKILLS: Ability to interview people of varying backgrounds; keep legible health care records; prepare and supervise the preparation of case histories; communicate effectively.

MATHEMATICAL SKILLS: Ability to apply such concepts as fractions, percentages, ratios, and proportions to practical situations and calculate dosages.

REASONING ABILITY: Ability to formulate diagnoses and treatment plans; organize and prioritize work; interpret conflicting or ambiguous information; and analyze situations accurately and adopt an effective course of action.

CERTIFICATES, LICENSES, REGISTRATIONS: Possession of the legal requirements for the practice of medicine in California as determined by the Medical Board of California or the California Board of Osteopathic Examiners; possession of certificate of completion of residency in psychiatry from an approved training program.

OTHER SKILLS AND ABILITIES: Ability to direct the work of others; instruct in the principles and practices of psychiatry; interpret laboratory analyses and x-rays; maintain effective working

relationships with health care professionals and custody staff; perform effectively when confronted with potential emergency, critical, unusual, or dangerous situations; and maintain regular attendance and be punctual.

OTHER QUALIFICATIONS: Knowledge of principles and methods of psychiatry, general medicine and surgery 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.

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 PHYSICAL CHARACTERISTICS 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 employees or that of incarcerated persons.

SPECIAL PERSONAL CHARACTERISTICS

- 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.
- Empathetic understanding of patients of a state correctional facility of the problems of the mentally ill, delinquency and adult criminality.
- Willingness to work in a State correctional Facility.
- Alertness, keenness of observation, tact, patience and emotional stability.

PHYSICAL DEMANDS: The physical demands described here are representative of those that must be met of an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

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

Constantly: Involves 2/3 or more of workday
Frequently: Involves 1/3 to 2/3 of workday
Occasionally: Involves 1/3 or less of workday
N/A: Activity or condition is not applicable

Standing: Occasionally - to stand next to cells and communicate with incarcerated persons inside approximately three times per day and to confer with other staff.
Walking: Frequently- to walk from the sally port to the work area at the beginning and end of each day, within the medical offices for meetings and to gather information, within the

infirmary or incarcerated person living areas to provide patient care daily, and back and forth to other facilities to attend meetings or access other records.
Sitting: Frequently - to attend meetings or prepare records and reports for periods up to several hours at a time, with the ability to stand and walk as desired, and for briefer periods while interviewing incarcerated persons.
Lifting: Occasionally - to handle paperwork and office supplies weighing under one pound, some files weighing several pounds, a couple of files at one time weighing five to ten pounds, and a 15 pound protective vest when working in the Ad Seg unit.
Carrying: Occasionally - to move individual files weighing several pounds. A wheeled cart may be used to transport multiple medical files to and from the office. A 15-pound vest is worn in the AD SEG unit.
Bending/Stooping: Occasionally - to reach items in lower drawers.
Reaching in Front of Body: Occasionally to Frequently - to acquire supplies from shelves or drawers and to work at a desk taking notes, reviewing files, or answering a telephone.
Reaching Overhead: Occasionally - to obtain supplies from an upper cabinet.
Climbing: Occasionally - to ascend and descend one flight of stairs in and out of medical administration office area to attend meetings, and stairs to second tier of housing units.
Balancing: N/A
Pushing/Pulling: Occasionally - to open and close doors, gates and drawers and to move a wheeled cart carrying medical records.
Kneeling/Crouching: Occasionally - to talk to incarcerated person in the infirmary.
Crawling: N/A
Fine Finger Dexterity: Occasionally to Frequently - to take notes, complete forms, operate a computer, and turn pages in files.
Hand/Wrist Movement: Frequently - to perform office tasks including handling paperwork, using a telephone, writing, using a computer and moving files individually or in a wheeled cart and to open and close doors, drawers, and gates.
Driving Cars/Trucks/Forklifts or Other Moving Equipment: N/A
Hearing/Speech: Constantly - to evaluate and diagnose patients, and to maintain awareness and safety.
Sight: Constantly - to review records, evaluate and diagnose patients, and to maintain awareness and safety.

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

Fumes or Dust: Occasionally to N/A – may be evident in some incarcerated individuals living areas.
Temperature Extremes: Occasionally – exposed to some outdoor weather conditions when traveling between facilities.
Architectural Barriers: N/A
Working Surfaces: concrete, linoleum, asphalt.
Risks of Electrical Shock: N/A
Toxic of Caustic Chemicals: N/A
Noise or Vibration: N/A
Work in High, Precarious Places: N/A
Bloodborne Pathogens: Occasionally – uses proper equipment and patient care procedures to limit exposure to blood and other body fluids in an incarcerated population with some incidence of hepatitis and HIV.

The Psychiatrist works in an office shared by other staff; in a medical clinic located in an incarcerated person housing facility, and in an infirmary. All of these are concrete floors; some linoleum covered; have fluorescent lighting and are thermostatically controlled. The Psychiatrist will also go outside to move between facilities, traveling on asphalt and going through sally port areas, which are subject to delays. The Psychiatrist will also go into cell areas to interview or observe incarcerated individuals in their cells.

MACHINES, TOOLS, EQUIPMENT, AND WORK AIDS: Usual office equipment, computer, fax, telephone, photocopier, wheeled cart, pager, personal alarm and protective vest. May use medical diagnostic equipment such as stethoscope, ophthalmoscope, etc.

COMMENTS: You are scheduled to work a forty-hour work week, which may be a 5x8, 4x10 or 9/9/80 schedule that is discussed and agreed upon in advance with your Telepsychiatry Supervisor, with no lunch break. However, break times may be allowed in accordance with your Bargaining Unit agreement. If you want to request a lunch break, please submit your request to Telepsychiatry Supervisor for consideration. The Staff Psychiatrist will be present during normal duty hours; however, occasionally, special arrangements may be made with the Chief Psychiatrist for a different schedule as long as coverage by another staff psychiatrist can be arranged.

Information for this document was obtained by reviewing the State Personnel Board Specification for this classification and by observing the duties as they are currently performed.

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 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 individual/patient to have a job consistent with his/her disabilities. Medical staff shall provide appropriate evaluations of the extent and nature of incarcerated person's 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 persons 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 persons. 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 individual understood the communication, the basis for that determination, and how the determination was made. A good

technique is asking the incarcerated individual to explain what was communicated in his or her own words. It is not effective to ask "yes or no" questions; the incarcerated individual 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 individual's primary or only means of communication. An interpreter need not be provided if an incarcerated individual 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 individuals 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 persons 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 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 patient's needs.

SUPERVISOR'S STATEMENT: ***I HAVE DISCUSSED THE DUTIES OF THE POSITION WITH THE EMPLOYEE***		
SUPERVISOR'S NAME (Print)	SUPERVISOR'S SIGNATURE	DATE

EMPLOYEE'S STATEMENT: ***I HAVE DISCUSSED WITH MY SUPERVISOR THE DUTIES OF THE POSITION AND HAVE RECEIVED A COPY OF THE DUTY STATEMENT***		
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