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|  |  | |  |  | | --- | --- | | |  | | --- | | This position description serves as the official classification document of record for this position. Please complete the information as accurately as you can as the position description is used to determine the proper classification of the position. | | |  | | |  |  | | --- | --- | | **2. Employee's Name (Last, First, M.I.)** | **8. Department/Agency** | |  | MDHHS-HAWTHORN CTR NORTHVILLE | | **3. Employee Identification Number** | **9. Bureau (Institution, Board, or Commission)** | |  | Hawthorn Center | | **4. Civil Service Position Code Description** | **10. Division** | | CLINICAL SOCIAL WORKER-E | Clinical | | **5. Working Title (What the agency calls the position)** | **11. Section** | | Team Social Worker | Social Work | | **6. Name and Position Code Description of Direct Supervisor** | **12. Unit** | | ; CLINICAL SOCIAL WORK MGR-2 |  | | **7. Name and Position Code Description of Second Level Supervisor** | **13. Work Location (City and Address)/Hours of Work** | | ; PSYCHOLOGIST MANAGER-3 | 18471 Haggerty Road, Northville / 8 am - 4:30 pm | | |  | | |  |
|  | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **14. General Summary of Function/Purpose of Position** | |  |  | |  |  |  |  | | |  | | --- | | Responsible for promoting agency Mission, Vision and Values by providing individualized, therapeutic services to patients and families in an interdisciplinary team context.  Duties include: completing Admission Social Assessments and admission documentation; providing individual and family therapy to short- and long-term patients, conducting group therapy; writing Behavior Treatment Plans, attending Individual Plan of Service (IPOS) meetings, coordinating services with relevant community agencies; comprehensive discharge planning for assigned cases; consultation on discharge planning for cases assigned to other professionals; and documenting services in a timely manner. | | | |  | |  |  |  |  | | | |  |

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|  |  |  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **15. Please describe the assigned duties, percent of time spent performing each duty, and what is done to complete each duty.  List the duties from most important to least important. The total percentage of all duties performed must equal 100 percent.** | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | **Duty 1** | | | | **General Summary:** | **Percentage:** | **30** | | Provide individual therapy. | | | | **Individual tasks related to the duty:** |  |  | | * Provide individual therapy to assigned cases. * Maintain a regular schedule of therapy contacts as written in the Individual Plan of Service (IPOS). * Respond to patients’ clinical condition and crises as clinically appropriate. * Provide empirically-based treatment. * Maintain current, accurate and complete documentation of services rendered to patients in accordance with agency policies and standards. * Attend team and IPOS meetings as scheduled. | | | | **Duty 2** | | | | **General Summary:** | **Percentage:** | **25** | | Conduct Admission Social Assessments and IPOS Preplanning Worksheet. | | | | **Individual tasks related to the duty:** |  |  | | * For each assigned patient, complete a comprehensive social assessment according to Social Work Department guidelines and agency forms. * Dictate assessment on a timely basis according to hospital standards. * Serve as facilitator of Person Center Planning for patients and families assigned. * Complete the initial Person Centered Planning (PCP) form (IPOS Preplanning Worksheet)  by the time of the initial IPOS meeting. * Attend IPOS Meetings and assure adherence to Person Centered Planning principles as defined in agency documents. Negotiate differences between family, patient and team relating to divergence of needs, goals and wishes.  Assure that patients and families have the opportunity to express needs, goals and wishes and are accorded proper respect.  Refer irreconcilable differences regarding Person Centered Planning to agency PCP coordinator. Complete admission Child and Adolescent Functional Assessment Scale (CAFAS) rating. | | | | **Duty 3** | | | | **General Summary:** | **Percentage:** | **15** | | Provide family therapy or casework. | | | | **Individual tasks related to the duty:** |  |  | | * Provide family therapy to patients' family members in accordance with IPOS. * Provide supportive casework services to families who cannot benefit from family therapy in order to assist in enhanced family functioning, including referrals to other agencies if indicated. * Maintain accurate documentation of services and contacts in accordance with agency policies and standards. | | | | **Duty 4** | | | | **General Summary:** | **Percentage:** | **15** | | Provide discharge planning for assigned cases. | | | | **Individual tasks related to the duty:** |  |  | | * Throughout hospitalization, direct efforts and interventions toward appropriate and achievable discharge planning.  If placement is indicated, obtain proper releases of information and complete a Treatment Update Form in a timely manner. Assure that Community Mental Health (CMH) liaisons are kept up to date regarding discharge plans and recommendations. Adjust discharge planning according to CMH capabilities and likelihood of follow through. Work cooperatively with CMH agencies and/or MDHHS to achieve the most clinically appropriate discharge plan for each patient. Complete discharge CAFAS rating. | | | | **Duty 5** | | | | **General Summary:** | **Percentage:** | **10** | | Provide group therapy for designated patients. | | | | **Individual tasks related to the duty:** |  |  | | * Provide group therapy twice a week as scheduled. * Document group therapy in accordance with agency policies and standards. * Develop group therapy topics and approaches appropriate to agency population. | | | | **Duty 6** | | | | **General Summary:** | **Percentage:** | **5** | | Develop Behavior Treatment Plans. | | | | **Individual tasks related to the duty:** |  |  | | * Develop Behavior Treatment Plans for designated patients, according to hospital policy. * Seek out assistance of behavioral consultant when necessary. * Attend Behavior Treatment Committee meetings as requested. | | | | | | | | | | |  |
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|  |  |  |  | |  |  | | --- | --- | |  |  | |  | |  | | --- | | **16. Describe the types of decisions made independently in this position and tell who or what is affected by those decisions.** | | |  |  | | |  | | --- | | The clinical course of treatment for each assigned patient and family depends greatly on the clinical direction and decisions made by the treatment team and outlined in the IPOS.  Inappropriate decisions on a day to day basis can negatively affect the whole tone of the interventions. Insensitivity and/or inappropriate decisions relating to patient or family can cause significant harm to a patient’s therapeutic gains and to family dynamics | | | | | | | | |  |
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|  |  |  |  |  |  | |  |  | | --- | --- | |  |  | |  | |  | | --- | | **17. Describe the types of decisions that require the supervisor's review.** | | |  |  | | |  | | --- | | Consultation with supervisor/psychiatrist is essential when situations or incidents arise which have the potential for exposing the agency to undue liability; when interagency coordination is not achievable; when there is difficulty accessing clinically necessary services from community agencies; when adjudication of a patient is a possibility; when legal questions arise [e.g. child’s court status, guardianship, rights of MDHHS workers]; when Protective Service referrals must be made. | | | | | | |  |
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|  |  |  | |  |  |  | | --- | --- | --- | |  | |  | | --- | | **18. What kind of physical effort is used to perform this job? What environmental conditions in this position physically exposed to on the job? Indicate the amount of time and intensity of each activity and condition. Refer to instructions.** | | |  |  | | |  | | --- | | This position requires the ability to move around a building of approx. 50,000 square feet for about 75% of the day; to climb stairs; to carry no more than 5 lbs. of material. | | | | | | | | | |  |
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|  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **20. This position's responsibilities for the above-listed employees includes the following (check as many as apply):** | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Complete and sign service ratings. | |  | |  | | --- | | N | |  | |  | | --- | | Assign work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Provide formal written counseling. | |  | |  | | --- | | N | |  | |  | | --- | | Approve work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | | --- | | N | |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Approve leave requests. | |  |  | |  | | --- | | Review work. | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Approve time and attendance. | |  | |  | | --- | | N | |  | |  | | --- | | Provide guidance on work methods. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Orally reprimand. | |  | |  | | --- | | N | |  | |  | | --- | | Train employees in the work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | | | | | | | | |  |
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|  | |  |  |  | | --- | --- | --- | | |  | | --- | | **22. Do you agree with the responses for items 1 through 20? If not, which items do you disagree with and why?** | | | |  |  | |  | |  | | --- | | Yes. | | | | | | | | | | |  |
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|  | |  |  |  | | --- | --- | --- | | |  | | --- | | **23. What are the essential functions of this position?** | | | |  |  | |  | |  | | --- | | To provide accurately documented [in conformance with agency standards] individual, group and  family therapies to assigned cases; to consult with other professionals regarding discharges; to complete a comprehensive, accurate and timely admission social assessment; to be a Person Centered Planning facilitator for assigned cases; to serve as a professional, competent, effective member of the treatment team; to plan for clinically appropriate discharges and facilitate appropriate aftercare services with community agencies | | | | | | | | | | |  |
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|  |  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **24. Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.** | | | |  |  | |  | |  | | --- | | Services continue to be provided to both short and long-term cases.  Trained in use of Electronic Medical Record system. | | | | | | | | |  |
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|  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **25. What is the function of the work area and how does this position fit into that function?** | | | |  |  | |  | |  | | --- | | The function of the work area is to provide therapeutic, PCP sensitive, clinical services to mentally ill and emotionally disturbed patients and their families with adherence to psychiatric needs as directed by the living area psychiatrist, with due regard to Community Mental Health, Michigan Department of Health and Human Services, and other community agencies and to do so within the standards set by the agency, Joint Commission, Medicaid HCFA and social work ethics and standards of care. | | | | | | | | | |  |
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|  |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **26. What are the minimum education and experience qualifications needed to perform the essential functions of this position.** | | | | | | |  | |  |  |  |  |  |  |  | | |  | | --- | | **EDUCATION:** | | |  |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | Possession of a master's degree in social work.  Selective Position Requirement:  Master's degree in social work with a clinical emphasis and completion of graduate internship in psychiatric clinic, residential or hospital setting. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **EXPERIENCE:** | | |  |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | **Clinical Social Worker 9** No specific type or amount is required.  **Clinical Social Worker 10** One year of professional experience providing social casework and treatment services in a clinical setting equivalent to a Clinical Social Worker 9.  Selective Position Requirement:  One year of clinical-therapeutic experience working with children/adolescents with psychiatric problems in an accredited clinic, residential or hospital setting.   **Clinical Social Worker P11** Two years of professional experience providing social casework and treatment services in a clinical setting equivalent to a Clinical Social Worker, including one year equivalent to a Clinical Social Worker 10.  Selective Position Requirement:  Two years of clinical-therapeutic experience working with children/adolescents with psychiatric problems in an accredited clinic, residential or hospital setting. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **KNOWLEDGE, SKILLS, AND ABILITIES:** | | | |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | Knowledge of child and adolescent development, mental illness and emotional disturbance in same;  Knowledge of Diagnostic and Statistical Manual;  Knowledge of DHHS and Family court systems;  Ability to write clear, accurate, clinically appropriate reports and assessments;  Ability to interact professionally and appropriately and communicate effectively with treatment teams and other staff;  Ability to work with a wide variety of mentally ill, substance abusing or emotionally challenged families;  Ability to work effectively with outside agencies.  Ability to complete assigned work task electronically. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **CERTIFICATES, LICENSES, REGISTRATIONS:** | | | | |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | Licensed as a Master’s Social Worker in Michigan. | | | | | | | | |  |  |  |  |  |  |  | |  | |  | | --- | | ***NOTE: Civil Service approval does not constitute agreement with or acceptance of the desired qualifications of this position.*** | | | | |  |  | |  |  |  |  |  |  |  | | | | | | | | |  |
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|  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  | |  | | --- | | ***I certify that the information presented in this position description provides a complete and accurate depiction of the duties and responsibilities assigned to this position.*** | | | |  | |  | |  | | --- | |  | |  | |  | | --- | |  | |  | |  |  |  |  |  | |  | |  | | --- | | **Supervisor** | |  | |  | | --- | | **Date** | |  | |  |  |  |  |  | | | | | | | | |  |
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|  |  |  |  |  |  |  |  | |  | | --- | | **TO BE FILLED OUT BY APPOINTING AUTHORITY** | |  |  |
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|  |  |  |  |  |  |  | |  |  |  | | --- | --- | --- | |  |  |  | |  | |  | | --- | | **Indicate any exceptions or additions to the statements of employee or supervisors.** | |  | |  |  |  | |  | |  | | --- | | None. | |  | |  |  |  | | | |  |
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