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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** | |  | DOC-MAXEY CORRECTIONAL | | **3. Employee Identification Number** | **9. Bureau (Institution, Board, or Commission)** | |  | WOODLAND CORRECTIONAL FACILTIY | | **4. Civil Service Position Code Description** | **10. Division** | | OCCUPATIONAL THERAPIST-E | MENTAL HEALTH SERVICES | | **5. Working Title (What the agency calls the position)** | **11. Section** | | OCCUPATIONAL THERAPIST | INPATIENT SERVICES | | **6. Name and Position Code Description of Direct Supervisor** | **12. Unit** | | TREFRY, MARA R; COMMUNITY HEALTH SERV MGR-2 | FACILITY/TEAM | | **7. Name and Position Code Description of Second Level Supervisor** | **13. Work Location (City and Address)/Hours of Work** | | STANIFER, DAVID; STATE ADMINISTRATIVE MANAGER-1 | WHITMORE LAKE, MI / M-F/8-430/ONE DAY 11AM-730PM | | |  | | |  |
|  | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **14. General Summary of Function/Purpose of Position** | |  |  | |  |  |  |  | | |  | | --- | | Provides a full range of therapy activities and techniques for the rehabilitation or habilitation of mentally-ill and/or mentally-disabled prisoners, within the specific discipline of occupational therapy.  This position requires a person with skills and ability to provide various occupational therapy assignments used in the therapeutic treatment of mentally ill/disabled prisoners within the Department of Corrections.  This position is a member of an interdisciplinary treatment team assessing the need for, devising and interpreting occupational therapy techniques and treatment interventions.  The position has the responsibility of case management duties for an assigned group of prisoners.    This position is located behind the secure perimeter of the facility and is test designated. | | | |  | |  |  |  |  | | | |  |

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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:** | **80** | | Provides occupational therapeutic group and individual activities to mentally ill and/or mentally disabled prisoners whose activities of daily living skills are threatened or impaired by developmental deficits, physical injury or illness, emotional, psychological and social problems, aging process or cultural barriers.  The therapeutic activities are designed to fit the individual prisoner’s physical and mental needs, under the direction of the unit chief and treatment team. | | | | **Individual tasks related to the duty:** |  |  | | * Plans, conducts and supervises occupational therapy programs on and off the unit.  Such activities may include needlework, sewing, painting, cooking, ceramics, work situations, woodworking and metal working, consistent with professional training to evaluate and improve the mentally ill and or mentally disabled prisoner’s level of functioning. * Evaluates mentally ill and/or mentally disabled prisoners needs by reviewing electronic medical record documentation and observing and evaluating prisoners. * Orders and maintains necessary materials, equipment and supplies for the occupational therapy program. * Coordinates the occupational therapy program with treatment provided by other treatment team members. * Documents therapeutic occupational activities and groups on appropriate forms in a timely manner as required by policy, procedure, or at the direction of the unit chief. * Documents in the EHR appropriately.  Utilizes EPM scheduler | | | | **Duty 2** | | | | **General Summary:** | **Percentage:** | **10** | | Provides case management services to prisoners assigned by the unit chief. | | | | **Individual tasks related to the duty:** |  |  | | * Completes Activity Therapy Assessments upon intake with a change in level of care as required by policy, procedure, or at the direction of the unit chief. * Determines prisoner functioning levels, strengths, weaknesses and problems that interfere with the prisoner’s ability to function in activities of daily living. * Provides supportive counseling as necessary. * Designs goals, objectives and specific occupational therapy activities and interventions to assist in overcoming or adapting to limitations caused by the mental illness and/or mental disability resulting in rehabilitation of skills needed to function in daily living. * Responds or reports verbally to the Treatment Team about all evaluations. * Demonstrates abilities in evaluation, treatment planning, individual and group therapy and crisis intervention as part of the clinical supervision required of the Unit Chief. * Meets every 30 days (minimum) with prisoners assigned for case management to review and coordinate services. * Assists in the development of treatment plans and develops treatment plan reviews for those prisoners assigned by the unit chief. * Documents in the EHR appropriately.  Utilizes EPM scheduler. | | | | **Duty 3** | | | | **General Summary:** | **Percentage:** | **5** | | Serves as a member of the interdisciplinary treatment team and participates or assists in decision-making regarding treatment plan development, treatment plan review and discharge decisions. | | | | **Individual tasks related to the duty:** |  |  | | * Coordinates occupational therapy interventions for all mentally ill and/or mentally disabled prisoners on Mental Health Services caseload with other team members and case managers. * Attends and contributes information regarding prisoner’s progress at Treatment Team Review meetings. * Writes Treatment Plan Reviews for those prisoners assigned as case manager and presents at Treatment Team Review meetings. * Writes progress reports for Treatment Team Review meetings. * Documents in the EHR appropriately.  Utilizes EPM scheduler. | | | | **Duty 4** | | | | **General Summary:** | **Percentage:** | **5** | | Other duties as assigned by supervisor or director. | | | | **Individual tasks related to the duty:** |  |  | | * Completes required annual training. * Completes additional training as required. * Assists with preparing and presenting training as required. * Performs other related duties as requested by MHS Director or Assistant MHS Director, policy, procedure or Civil Service job description. * Serves on committees as assigned, appointed or elected. * Maintains drug and alcohol free condition at work as required by policy and provides necessary test samples when required. * Maintains the safety and security of the facility. * Complies with any lawful request from custody authority during mobilizations and other emergencies. * Maintains credentials and competency in the clinical areas for which s/he is certified/licensed. | | | | | | | | | | |  |
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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.** | | |  |  | | |  | | --- | | Identify problems, design occupational therapy treatment to assist in the treatment of these problems, provide occupational therapy treatment and evaluate progress as a result of treatment.  Prepare treatment plan reviews and care coordination, and assist in treatment plan development. | | | | | | | | |  |
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|  |  |  |  |  |  | |  |  | | --- | --- | |  |  | |  | |  | | --- | | **17. Describe the types of decisions that require the supervisor's review.** | | |  |  | | |  | | --- | | The supervisor determines prisoners to be placed on therapist’s caseload.  The administrative supervisory requirements of leaves, trainings, assignment to committees or special projects and deviation from established procedures, program descriptions or established and accepted treatment modalities require supervisor approval. | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  |  |  | | --- | --- | --- | |  | |  | | --- | | **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.** | | |  |  | | |  | | --- | | Requires walking across prison yards and climbing stairs.  Hazards include working in a prison environment with convicted felons who are mentally ill and/or mentally disabled, evaluating these prisoners in agitated states with potential for assaultive and abusive behavior, and in an environment of restrictions, at times, excessive noise, and occasionally a lack of adequate heating and cooling mechanisms.   This position may require the employee to stand for long periods of time. | | | | | | | | | |  |
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|  |  |  |  |  | |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **19. List the names and position code descriptions of each classified employee whom this position immediately supervises or oversees on a full-time, on-going basis.** | | | | |  |  |  | | |  | | --- | | **Additional Subordinates** | | |  | |  |  |  | |  | |  | | --- | |  | |  | |  |  |  | | | | | |  |
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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 a full range of professional occupational therapy services and case management services to increase the prisoner’s level of functioning and alleviate symptoms or help adapt to their disability as part of an interdisciplinary treatment approach. | | | | | | | | | | |  |
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|  |  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **24. Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.** | | | |  |  | |  | |  | | --- | | No PD on file with OCSC. Submitting for approval. | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **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 the provision of mental health services to mentally ill and/or mentally disabled prisoners within the Michigan Department of Corrections.  This position fits into this function by completing an interdisciplinary approach to the mental health treatment with other qualified mental health professionals and providing expertise in the provision of occupational therapy services and development of occupational therapy programs. | | | | | | | | | |  |
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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 bachelor's degree in occupational therapy. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **EXPERIENCE:** | | |  |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | **Occupational Therapist 9** No specific type or amount is required.  **Occupational Therapist 10** One year of professional experience providing therapeutic rehabilitation or habilitation services equivalent to an Occupational Therapist 9.  **Occupational Therapist P11** Two years of professional experience providing therapeutic rehabilitation or habilitation services equivalent to an Occupational Therapist, including one year equivalent to an Occupational Therapist 10. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **KNOWLEDGE, SKILLS, AND ABILITIES:** | | | |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | Knowledge of the principles and practices of occupational therapy.  Knowledge of the various appropriate therapy activities used for the therapeutic treatment of mentally ill and/or mentally disabled prisoners.  Skill in the use of mechanical equipment and machines such as saws, drills, lathes, sewing machines, looms and hand tools, as needed.  Ability to make minor repairs and adjustments to machines and equipment, as needed.  Ability to provide instruction and evaluate progress in selected tasks of self-care, work, and play in order to restore, reinforce and enhance performance, to diminish or correct pathology, and to promote and maintain health.  Ability to devise work projects from available materials.  Ability to work with other staff on the treatment team in the area of the work being performed.  Ability to get along with and to gain the cooperation of the prisoners/patients.  Ability to carry out detailed instructions.  Ability to work with professional and other personnel in the area of work being done.  Ability to maintain electronic records, prepare reports and correspondence related to the work.  Ability to communicate effectively with others.  Ability to maintain favorable public relations. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **CERTIFICATES, LICENSES, REGISTRATIONS:** | | | | |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | Registration as an occupational therapist by the Michigan Department of Licensing and Regulatory Affairs. | | | | | | | | |  |  |  |  |  |  |  | |  | |  | | --- | | ***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.** | |  | |  |  |  | |  | |  | | --- | | N/A | |  | |  |  |  | | | |  |
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|  |  |  |  |  |  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  | |  | | --- | | ***I certify that the entries on these pages are accurate and complete.*** | | | |  | |  |  |  |  |  | |  | |  | | --- | | PAUL DEAN | |  | |  | | --- | | 5/31/2019 | |  | |  |  |  |  |  | |  | |  | | --- | | **Appointing Authority** | |  | |  | | --- | | **Date** | |  | |  |  |  |  |  | | | |  |
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