**INSTRUCTIONS FOR THE**

**PRE-POPULATED POSITION DESCRIPTION QUESTIONNAIRE (PDQ)**

**BEHAVIORAL HEALTH THERAPIST I**

**BEHAVIORAL HEALTH THERAPIST II**

**BEHAVIORAL HEALTH THERAPIST III**

NAME(S):

This Pre-Populated PDQ has been prepared for employees assigned to the Behavioral Health Therapist classification series.

The purpose of this questionnaire is to provide a complete description of your current assigned duties. Should you be promoted, transferred, etc., this questionnaire should describe the work your replacement would be expected to perform.

This questionnaire is NOT a statement of your personal qualifications, NOT a measure of your individual competency, NOT concerned with amount or quality of your work, and NOT used for determining the number of positions needed.

In answering the questions, please be accurate and thorough. Also:

* Read all of the questions and instructions before beginning.
* If possible, allow more than one session for completing this. You may wish to respond to some questions first, then put it aside and return to it later.
* Do not use terms or abbreviations without writing out what they stand for (e.g., FMLA. = Family Medical Leave Act).
* If you need more space to answer any of the questions, submit a Microsoft Word document as necessary and label it with your name.
* If a question does not apply to your job, please write "N/A" in the blank space.

This WORD document is designed for electronic completion; you should not feel constrained by the number of spaces or lines provided when preparing duty or other types of statements.

To facilitate completion, this PDQ has already been populated with statements in the following sections:

* Section 1 – Purpose – This is a brief overview of your work; please add, change, or delete any statements as needed.
* Section 7 – Description of Your Work/Duties
  + Some pre-populated duty statements have been placed in this section.
  + There may be other duty statements you perform which are not included in this document; you can enter more duty statements into this section, and/or you can amend any statements.
    - If you are adding duty statements to the questionnaire, please follow the same format as provided within the pre-populated tasks by using action verbs and descriptive tasks. Please see the example below.
  + You will need to complete the estimated percentage of time, frequency, and importance columns for each duty statement. Please just be sure that the percentage of time for all duty statements adds up to **100%** of time.
  + Refer to the examples of duty statements below to help you in describing your own job:

|  |  |
| --- | --- |
| Unclear Duty Statements | Clearer Duty Statements |
| Handle correspondence. | Receive, open, time stamp, sort, and route incoming mail. |
| Counsel clients. | Explain program eligibility standards and procedures to clients and assist them in completing forms. |
| Maintain grounds and landscaped areas. | Mow lawns with hand and power mowers. Rake and weed flowerbeds. Prune bushes. Trim trees from ladder or bucket truck, using hand and power saws. |

* Section 14 – Other Job Qualifications (Knowledge [K] and Abilities [A] statements).
  + Some Knowledge and Ability statements have already been placed in this section. Select “yes” or “no” depending on whether you exercise this knowledge and ability.
  + In the same manner as Section 7, please add, change, or delete the statements in this section to reflect the work you perform.

Special note:

Question 2.6: This question does not refer to an annual performance appraisal. Rather, think in terms of how frequently you discuss assignments with your supervisor, how errors might be discovered, when and how frequently your day-to-day work is read over or otherwise reviewed, and related mechanisms by which guidance is given.

SUPERVISORY POSITIONS: If you supervise other employees, and are completing this questionnaire regarding your own job, please attach an organization chart showing the positions that report to you.

When you have completed the document, submit it to your immediate supervisor. It is due to your supervisor by **Friday, July 19, 2024**.

**POSITION DESCRIPTION QUESTIONNAIRE**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | Class Title: | |
| Department: | | Division: | |
| Work Address: | | | |
| Work Phone: | | E-mail Address: | |
| Work Shift: | Time in Current Job: | | Time with the Agency: |

Each employee will have the opportunity to be interviewed by Gallagher. Employees in a classification with only one position will be interviewed by the consultant. Please select one of the following options:

I am interested in participating in a 45-minute group interview for my classification.

I am interested in participating in a 30-minute individual interview.

I do not request an interview. Please note if you check this box, the consultant may still elect to interview you.

1. **PURPOSE:** Briefly summarize the overall purpose of your position:

Conducts outpatient clinical assessments to evaluate the psychological, social, occupational, educational, and domestic needs of assigned clients and provides treatment intervention.

1. **ORGANIZATIONAL CONTEXT: SUPERVISION RECEIVED**

**2.1** I report to:       *(Supervisor Name)*

*(Supervisor Title)*

     *(Supervisor E-mail)*

Others who report to the same supervisor:

|  |  |
| --- | --- |
| *Job Title* | *Name* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

* 1. How are your work priorities set, by you, by your supervisor, standard procedures, other?

* 1. Describe the work decisions that you make on your own:

* 1. Which decisions do you refer to your supervisor or to other departments within the organization?

* 1. What types of guidance are used to aid you in the performance of your duties (e.g. desk manuals, departmental procedures, established practices, regulations, other)?

* 1. How frequently do you meet with your supervisor to receive work direction and/or to have your work checked (e.g. daily, weekly, monthly, rarely, as needed, other)?

1. **ORGANIZATIONAL CONTEXT: SUPERVISION EXERCISED**
   1. Does your position supervise other employees? (If no, skip the remainder of Section 3.)

**Yes**  **No**

* 1. Name and title of employees that you directly supervise:

|  |  |
| --- | --- |
| *Job Title* | *Name* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

* 1. What type/level of supervision do you exercise? Check all which apply:

| **Approve** | **Recommend** |  |
| --- | --- | --- |
|  |  | Plan work of others |
|  |  | Distribute work to others |
|  |  | Check work of others |
|  |  | Approve work of others |
|  |  | Train employees |
|  |  | Evaluate performance |
|  |  | Establish unit policy/procedure |
|  |  | Other - Please list: |

| **Approve** | **Recommend** |  |
| --- | --- | --- |
|  |  | Hire new employees |
|  |  | Terminate employees |
|  |  | Promote employees |
|  |  | Demote employees |
|  |  | Discipline employees |
|  |  | Approve leave |
|  |  | Approve pay increases |
|  |  | Other - Please list: |

1. **EQUIPMENT:** List any machines, equipment, or vehicles you regularly operate in the course of work (e.g., office equipment such as computer, copy machine; hand and/or power tools; vehicles such as trucks, forklifts, cars; heavy equipment such as loader, cranes, bulldozers, crane lifts)

| **Type of Machinery/Equipment** | **Purpose for Which You Use It** | **What You do With It** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **CONTACTS:** Other than your supervisor and coworkers, with whom, inside and outside of the agency, do you have contact in the course of your work, and how frequently? (D = daily, W = weekly, M = monthly, I = infrequently: several times a year or less)

| **Title** | **Regarding** | **Frequency** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **BUDGET:** Total dollar amount of budget under your control:

**6.1** Describe your responsibility for budget expenditures and control over revenue generation or cost savings:

1. **DESCRIPTION OF YOUR WORK/DUTIES:** Describe on the following page(s) the work that you perform, starting with your most important duties. Please focus on the most essential functions of your job and note that most class descriptions consist of 12-15 duty statements.

* In the **DUTIES** column, clarify the statements listed to reflect your work as necessary. Add “N/A” to statements that don’t apply to your work.
* In the **TIME** column, indicate what percentage of your overall work time you spend performing each duty. If percentages are too difficult, use hours per day, week, or month; or, for seasonal duties, show number of days or weeks per year.
* In the **FREQ** column, indicate how frequently the task occurs using the following codes:

*SD = several times daily*

*D = daily*

*W = weekly*

*M = monthly*

*I = infrequently: several times a year or less.*

* In the **IMP** column, identify how important the duty is to your overall job effectiveness, using the following codes:

*H = High: if this duty were removed from my job, it would have a significant impact on the nature of my job.*

*M = Medium: if this duty were removed from my job, it would have an impact, but it would not change the nature of* ***my job significantly.***

*L = Low: if this duty were removed from my job, it would not have much impact.*

| **#** | **DUTIES** | **TIME**  **(Needs to add up to 100%)** | **FREQ** | **IMP** |
| --- | --- | --- | --- | --- |
| E.g., 1 | I schedule and coordinate meetings, seminars, conferences, and training sessions for department staff; act as meeting and/or committee secretary including preparing agendas and informational packets, setting up meeting rooms, and taking and transcribing minutes for assigned boards and commissions. | 15% | SD | H |
| E.g., 2 | I monitor and control the operation of water distribution systems including chemical feeding equipment and utilizing the telemetry system, filtration equipment, reservoirs, and/or storage tanks. | 25% | SD | H |
| E.g., 3 | I write or review mitigation contract documents [plans and specifications] for site preparation, clearing and grubbing, earthwork, plant installation, erosion control, maintenance, and short-term monitoring. | 30% | W | M |
| 1 | Conducts clinical interviews and assessments; gathers information for diagnostic and treatment planning purposes. |  |  |  |
| 2 | Provides interventions using evidence-based techniques and methodologies approved by the department with the goal of client recovery. |  |  |  |
| 3 | Provides individual, group and/or family therapy, and collateral interventions; provides an atmosphere of trust and safety; establishes and maintains effective working relationships with behavioral health clients and their families/significant support system. |  |  |  |
| 4 | Provides crisis interventions to clients who are in apparent emotional distress; provides information, assistance and referral to behavioral health clients and others in the community in crisis situations. |  |  |  |
| 5 | Assists clients in locating resources by making referrals and contacting appropriate agencies over the phone and in person; coordinates with other agencies concerning referrals of mental health and/or substance use cases; arranges for hospitalization for behavioral health clients requiring inpatient care. |  |  |  |
| 6 | Uses a variety of diagnostic and assessment tools to evaluate client progress, effectiveness of interventions and/or to assist with treatment planning. |  |  |  |
| 7 | Prepares and/or participates in the development of treatment plans ~~for~~ with clients to address identified areas of concern to ameliorate the current mental health and/or substance use condition; assures that treatment plans have problem solving objectives; serves as service coordinator as assigned. |  |  |  |
| 8 | Documents daily interventions provided to clients; provides information regarding sessions and contacts using the department’s approved format. |  |  |  |
| 9 | Attends and participates in team meetings where current cases are reviewed; reviews cases and provides consultation with social and community agencies as appropriate; adheres to applicable confidentiality laws and regulations; works collaboratively with the treatment team. |  |  |  |
| 10 | Attends utilization reviews periodically to monitor medical necessity on severe cases. |  |  |  |
| 11 | Prepares and provides training to Imperial County Behavioral Health Services (ICBHS) and to community agencies. |  |  |  |
| 12 | Maintains accurate and timely documentation of required records including client related activities, forms concerning cases, agency forms, and time cards. |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Which of your duties do you consider most complex or difficult, and why?**

1. **If your position responsibilities have changed significantly in the past two years, please explain how:**

1. **SENSORY DEMANDS:** Indicate which sensory abilities are required in the performance of your job, and in the **FREQ** column, show how often you use the sensory ability in the course of your work. Use these codes:

***SD***= several times daily; ***D*** = daily; ***W*** = weekly; ***M*** = monthly; ***I*** = infrequently several times a year or less

| **Required**  **(Yes / No)** | **Sensory Demand** | **FREQ** |
| --- | --- | --- |
|  | SIGHT in order to |  |
|  | COLOR VISION in order to |  |
|  | HEARING in order to |  |
|  | SMELL in order to |  |
|  | SPEECH in order to |  |
|  | TOUCH in order to |  |

1. **PHYSICAL DEMANDS:** Indicate which physical abilities are required in the performance of your job, and in the **FREQ** column, show how often you perform the physical activity in the course of your work. Use these codes:

***SD*** = several times daily; ***D*** = daily; ***W*** = weekly; ***M*** = monthly; ***I*** = infrequently several times a year or less

| **Required**  **(Yes / No)** | **Physical Demands** | | | **FREQ** |
| --- | --- | --- | --- | --- |
|  | SITTING in order to | | |  |
|  | STANDING in order to | | |  |
|  | WALKING in order to | | |  |
|  | RUNNING in order to | | |  |
|  | CLIMBING in order to | | |  |
|  | BENDING in order to | | |  |
|  | STOOPING in order to | | |  |
|  | KNEELING in order to | | |  |
|  | HAND/FINGER MOVEMENT: | | |  |
| GRASPING in order to | | |
| FINE MANIPULATION in order to | | |
|  | LIFTING in order to | | |  |
| Average weight:       pounds | Maximum weight:       pounds | |
|  | CARRYING in order to | | |  |
| Average weight:       pounds  Average distance:       feet | | Maximum weight:       pounds  Maximum distance:       feet |
|  | PUSHING in order to | | |  |
| Average weight:       pounds  Average distance:       feet | | Maximum weight:       pounds  Maximum distance:       feet |
|  | UNUSUAL FATIGUE FACTORS (e.g., wearing heavy protective clothing) | | |  |
|  | OTHER physical demands (list and explain): | | |  |

1. **ENVIRONMENTAL CONDITIONS:** Indicate which conditions are required in the performance of your job, and in the **FREQ** column, show how often you work in the environmental condition. Use these codes:

***SD*** = several times daily; ***D*** = daily; ***W*** = weekly; ***M*** = monthly**; *I*** = infrequently several times a year or less

| **Required**  **(Yes / No)** | **Environmental Condition** | **FREQ** |
| --- | --- | --- |
|  | Typical office conditions: |  |
|  | Work outdoors: |  |
|  | Exposure to extreme temperatures: |  |
|  | Exposure to extreme weather conditions: |  |
|  | Exposure to toxic/poisonous substances: |  |
|  | Exposure to biologic/infectious agents: |  |
|  | Exposure to dust, fumes, and/or allergens: |  |
|  | Exposure to excessive noise: |  |
|  | Exposure to unpleasant odors: |  |
|  | Exposure to vermin, insects, parasites etc.: |  |
|  | Work near hazardous/moving equipment or machinery: |  |
|  | Work at heights: |  |
|  | Work in a confining space (e.g., storage tank/vat, sewer, manhole, tunnel, pipeline, pit, duct, well, vault, trench) please list if applicable:  If you work in a confining space, do you receive special training/certification to perform confined space entry?  Yes  No |  |
|  | Use protective clothing, equipment, devices, materials: |  |
|  | Work with hostile, violent and/or offensive individuals: |  |
|  | Other environmental conditions (list and explain): |  |

1. **EDUCATION**
   1. What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at the time of hire? Mark the level that applies to your job:

| **You Have** | **Minimum Required** | **Required (Yes/No)** |
| --- | --- | --- |
|  |  | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
|  |  | High School Diploma or equivalent (G.E.D.) |
|  |  | Up to one year of specialized or technical training beyond high school |
|  |  | Associate degree or two-year technical certificate - Type: |
|  |  | Bachelor’s degree - Type: |
|  |  | Master’s degree - Type: |
|  |  | Other (explain): |

* 1. What are the minimum years of experience that you believe is needed to satisfactorily perform your job at the time of hire?
  2. List below the licenses, professional or technical certificates you currently hold and check the corresponding box if it is a minimum requirement of the position. Add others as necessary.

| **Certificate – License** | **You Have** | **Minimum Required** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **OTHER JOB QUALIFICATIONS:** Please add any other information you feel relevant to the study.

* 1. Place an “X” in the box of **KNOWLEDGE (K) and ABILITIES (A)** needed to start on this job. Add others as necessary.

| **#** | **Knowledge & Abilities** |
| --- | --- |
| K | Example: When listing laws, please specify its name such as National Environmental Policy Act (NEPA) or California Environmental Quality Act (CEQA).  DO NOT state, “pertinent federal, state, and local laws”. |
| K | Example: Administrative principles and practices, including goal setting, program development, implementation, and evaluation, and supervision of staff. |
| A | Example: Develop and recommend environmental mitigation for projects. |
| A | Example: Conduct complex civil engineering research projects, evaluate alternatives, make sound recommendations, and prepare effective technical reports. |
| K | Principles and practices of modern clinical psychology. |
| K | Individual, group, and family therapy techniques. |
| K | Basic understanding of mental health and substance use disorders as defined in the current edition of the Diagnostic and Statistical Manual. |
| K | Crisis intervention principles. |
| K | Patients’ rights and mental health and substance use regulations. |
| K | Research methods and report writing techniques. |
| K | Laws, rules, and regulations related to assigned activities. |
| K | Oral and written communication skills. |
| K | Correct English usage, grammar, spelling, punctuation, and vocabulary. |
| K | Policies and objectives of assigned program and activities. |
| K | Health and safety regulations. |
| K | Basic computer software, Electronic Health Record, internet, and videoconferencing. |
| A | Utilize interpersonal skills using tact, patience, and courtesy. |
| A | Provide individual, group and family therapy sessions. |
| A | Diagnose and treat mental and substance use disorders and establish treatment plans. |
| A | Communicate effectively both orally and in writing. |
| A | Establish and maintain cooperative and effective working relationships with others. |
| A | Compile and verify data and prepare reports. |
| A | Prioritize and schedule work. |
| A | Maintain current knowledge of program rules, regulations, policies and procedures. |
| A | Maintain current knowledge of clinical practices and regulations relevant to their practice. |
| A | Analyze situations accurately and adopt an effective course of action. |
| A | Plan and organize. |
| A | Typing speed sufficient to complete documentation requirements timely and accurately. |
| A | Utilize basic computer software, Electronic Health Record, video conferencing and internet. |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **STUDY EXPECTATIONS:** What are your expectations from this study?

***I understand that by checking this box, my electronic signature below certifies that statements made by me on this questionnaire are, to the best of my knowledge, complete and accurate.***

|  |  |
| --- | --- |
| SIGNATURE: | DATE: |

EMPLOYEE NAME:

**IMMEDIATE SUPERVISOR’S COMMENTS**

Instructions: Review the employee's questionnaire carefully to see that it is accurate and complete. Do not change or alter the employee's statements or entries in the questionnaire. If you feel that the employee's description is not accurate, use the spaces provided below to clarify or elaborate on the description. Do not make any statements or comments about the employee's work performance or competence.

How long have you supervised this employee?

Which of the employee's duties do you consider most important or difficult?

If you had to replace the employee, what qualifications would be most important to you? What would the minimum educational and experience requirements be?

Do you agree with the employee's description of his/her work job and its requirements?

Use this space to add information or clarification to the employee's questionnaire.

***I understand that by checking this box, my electronic signature below certifies that, with the exception as noted above (if applicable) and to the best of my knowledge, the employee’s questionnaire is an accurate and complete representation of his/her work.***

|  |  |
| --- | --- |
| SIGNATURE: | DATE: |

Print name and title:

**DEPARTMENT MANAGER'S COMMENTS**

Which of the employee's duties do you consider most important or difficult?

Use this space to add information or clarification to the questionnaire, or other pertinent information.

***I understand that by checking this box, my electronic signature below certifies that, with the exception as noted above (if applicable) and to the best of my knowledge, the employee’s questionnaire is an accurate and complete representation of his/her work.***

|  |  |
| --- | --- |
| SIGNATURE: | DATE: |

Print name and title: