**INSTRUCTIONS FOR THE**

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

**MENTAL HEALTH REHABILITATION TECHNICIAN I**

**MENTAL HEALTH REHABILITATION TECHNICIAN II**

**MENTAL HEALTH REHABILITATION TECHNICIAN III**

NAME(S):

This Pre-Populated PDQ has been prepared for employees assigned to the Mental Health Rehabilitation Technician 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**

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| --- | --- | --- | --- |
| 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:

Monitor assigned mental health clients and probate conservatorship clients to assure the delivery of psychiatric, medical, and conservatorship services and to assure proper linkage to social, economic and community resources.

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* |
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* 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* |
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* 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** |
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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** |
| --- | --- | --- |
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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 | Receive referrals and collect data from family, community, Public Administrator or Behavioral Health Services records*.* |  |  |  |
| 2 | Interview clients to assess mental status and determine the individual’s strengths, needs and resources; assess physical and psychosocial impairment, living arrangements, financial status, and employment potential*.* |  |  |  |
| 3 | Develop with the client a Client Plan that specifies the treatment and assistance needed to accomplish stated objectives*.* |  |  |  |
| 4 | Make referrals to community agencies and follow up to advocate for clients*.* |  |  |  |
| 5 | Provide evidenced-based interventions to meet client plan goals, including assistance in improving, maintaining, or restoring a client’s functional skills, daily living skills, social and leisure skills. |  |  |  |
| 6 | Provide crisis interventions to clients, including assessment, appropriate interventions with client and significant others, timely access to necessary services, and appropriate planning for follow-up. |  |  |  |
| 7 | Assist in coordinating services at the onset of a crisis to provide support and assistance in problem resolution; arrange for provision of other services as required*.* |  |  |  |
| 8 | Provide support and information to family members and significant others to increase the probability of positive change; monitor and address problem areas. |  |  |  |
| 9 | Monitor client’s movement through the system with particular emphasis on movement to greater or lesser restrictive mode of treatment. |  |  |  |
| 10 | Attend staff meetings; request assistance and recommendations regarding complex situations and case management issues. |  |  |  |
| 11 | Maintain case documentation; monitor services provided to assure that a client’s Client Plan objectives are met. |  |  |  |
| 12 | Attend a variety of meetings and conference related to case management; maintain interagency contracts. |  |  |  |
| 13 | Monitor client progress through periodic contracts with the public Administrator, Behavioral Health Staff, family, school, and community agencies as appropriate. |  |  |  |
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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** |
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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 | Basics methods, goals and terminology used in social work. |
| K | General case management techniques. |
| K | Interviewing techniques. |
| K | Oral and written communication skills. |
| K | Record-keeping techniques. |
| K | Correct English usage, grammar, spelling, punctuation, and vocabulary. |
| K | Interpersonal skills using tact, patience, and courtesy. |
| K | Policies and objectives of assigned program and activities. |
| A | Monitor mental health patients and probate conservatorship clients to assure delivery of appropriate services. |
| A | Make interagency referrals and assure proper linkage. |
| A | Learn patient rights and advocacy. |
| A | Develop appropriate individual treatment plans and monitor progress toward stated objectives. |
| A | Interview clients, family members and others to obtain social history and pertinent information. |
| A | Communicate effectively both orally and in writing. |
| A | Establish and maintain cooperative and effective working relationships with others. |
| A | Maintain records and prepare reports. |
| A | Work confidentially with discretion. |
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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: