

# County of Santa Clara

## Employee Services Agency

### Human Resources

County Government Center, East Wing

70 West Hedding Street, 8<sup>th</sup> Floor

San Jose, California 95110



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## Classification Report

Date: March 29, 2024

To: Riko Mendez, Chief Elected Officer  
Service Employees International Union, Local 521  
2302 Zanker Road  
San Jose, CA 95131

From: Lucinda Woodson, Human Resources Analyst  
Employee Services Agency-Human Resources

Reviewed by: Anita Asher, Human Resources Director

Subject: Classification Report – Psychosocial Occupational Therapist Series

### **Background**

During the 2022 Service Employees International Union (SEIU) Local 521 Classification Study Window, four (4) Psychosocial Occupational Therapists and one (1) Senior Psychosocial Occupational Therapist submitted for a classification study. The incumbents requested to be reclassified to an Occupational Therapist and to adjust their salaries to align with other Occupational Therapists at the County of Santa Clara. In accordance with the Memorandum of Understanding between the County and Service Employees International Union (SEIU) Local 521, the joint labor-management committee reviewed the request and accepted it, and Employee Services Agency - Human Resources (ESA-HR) conducted the classification study.

The Psychosocial Occupational Therapist classification series consists of a total of eight (8) Psychosocial Occupational Therapists and one (1) Senior Psychosocial Occupational Therapist. Four (4) Psychosocial Occupational Therapists at Barbara Arons Pavilion report to a Senior Psychosocial Occupational Therapist; two (2) Psychosocial Occupational Therapists at Mental Health Juvenile Hall report to a Program Manager I; one (1) Psychosocial Occupational Therapist at Kidscope reports to a Behavioral Health Division Director; one (1) Psychosocial Occupational Therapist at Valley Health Clinic-Bascom Pediatrics reports to a Developmental Behavioral Pediatrician; and one (1) Senior Psychosocial Occupational Therapist at Barbara Arons Pavilion reports to a Behavioral Health Medical Director.

### **Findings / Analysis**

To determine if the incumbents in the psychosocial occupational therapist series are properly classified, information was gathered from the Position Classification Questionnaires (PCQs), and

**Board of Supervisors:** Sylvia Arenas, Cindy Chavez, Otto Lee, Susan Ellenberg, S. Joseph Simitian

**County Executive:** James R. Williams

desk audits were performed.

The Psychosocial Occupational Therapist is defined as, “Under direction, to provide professional services in restorative, functional, and preventative therapeutic programs to assigned mental health patients; and to plan and organize activity programs, utilizing activities as an evaluation tool and as a therapeutic process.”

Distinguishing characteristics are, “The Psychosocial Occupational Therapist is assigned to a Mental Health inpatient or outpatient program, responsible for administering the patient's total treatment program and providing clinical guidance to OT trainees and other staff. The Psychosocial Occupational Therapist serves as a member of the mental health treatment team and administers the OT segment of the patient's overall treatment plan. The Psychosocial Occupational Therapist has a comprehensive knowledge of patient care in their service area and as such acts as a resource for service personnel.”

Based on the PCQs and desk audits, the following is a summary of tasks performed by the Psychosocial Occupational Therapist incumbents:

A majority of the time (65%) is spent in Patient Care. Specifically, the POTs clinically supervise/instruct patients with psychiatric illnesses, including 5150 holds and Murphy Conservatorships, in coping skills, symptom management, direct care planning, perceptual motor, ADL's, sensory integration, and functional life skills; observe actual performance of occupations and tasks to identify what hinders or supports performance, including cognitive and motor skills; integrate patient goals, problems, and concerns with an analysis of patient performance; and identify patient problems and concerns about daily occupations.

Thirty percent (30%) of their time is spent on administrative responsibilities. They prepare medical record documentation in compliance with professional and regulatory guidelines and coordinate and give reports in multi-disciplinary treatment team meetings to give input regarding patient's treatment, progress, and discharge planning needs.

The remaining five percent (5%) is spent on keeping current on new treatment techniques, including assessment and management of client assaultive behavior.

The Senior Psychosocial Occupational Therapist is defined as, “Under general supervision from the Medical Director of Acute Psychiatric Services, coordinates the Occupational Therapy program of a hospital inpatient psychiatric unit and provides lead supervision to Occupational Therapists and other unit staff.”

Distinguishing characteristics are, “The Senior Psychosocial Occupational Therapist is the senior level of the Psychosocial Occupational Therapist classification series. The Senior Psychosocial Occupational Therapist independently assumes lead responsibility for the occupational therapy program of the Acute Psychiatric Services unit with direct clinical supervision of professional Occupational Therapists and unit support staff, including students and interns.”

Based on the PCQs and desk audits, Senior Psychosocial Occupational Therapist incumbents are responsible for the following summary of tasks performed:

Forty-two percent (42%) of the time is spent on administrative tasks, including provide recruitment, orientation, and hiring of staff, and program planning and monitoring for a seven-day Occupational Therapy program (days and evenings), as well other non-related and specialized groups; use hospital computerized time keeping system for scheduling and staffing independently; covers staff during temporary absences, such as short of staff days, vacation, and sick time for both weekdays and weekend coverage; and provides written, verbal, and performance evaluations to staff to ensure staff competency and compliance with hospital and county policies/procedures.

Thirty-two percent (32%) is spent on supervisory responsibilities, such as provide direct supervision to Occupational Therapy team daily; coordinate staff day-to-day operation; research and support program development; identifies educational needs and provides consultation for the team; and participates in internal and external professional activities.

Eleven percent (11%) of their time is spent on budgetary oversight, including program budgeting recommendations, writing proposals and making requests for codes, ordering supplies and equipment, determining space needs, and recruiting for donations; implements, conducts, and collects data; and presents quarterly Quality Improvement projects and utilization reviews.

Ten percent (10%) is spent providing direct occupational therapy care, including daily groups, documentation, covering both units when needed, evaluating level of function, life skills, cognitive functions, and ADL skills needs, tasks, and analysis of patients' performance and behavior.

The remaining five percent (5%) is spent on educational endeavors, such as participating in research as needed, keeping current with Occupational Therapy treatments, and staff development in managing assaultive behavior.

The incumbents are requesting to be reclassified as Occupational Therapists.

The Occupational Therapist is defined as, "Under general supervision and using clinical expertise, evaluates the occupational therapy needs of inpatients and outpatients in a hospital or California Children's Services (CCS) setting. Develops, implements, and documents treatment plans and goals designed to meet patient needs and acts as a clinical resource specialist to other therapists."

The distinguishing characteristics of the Occupational Therapist are, "The Occupational Therapist II is distinguished from the next lower class of Occupational Therapist I in that the Occupational Therapist II requires no more than minimal supervision for complex patient care, possesses clinical expertise in two or more areas of clinical practice, and has supervisory responsibility for interns, Occupational Therapy Assistants, and Therapy Technicians."

The Occupational Therapist III is defined as, “Under general supervision, coordinates and directs the day-to-day operations of a designated service area(s), evaluates the occupational therapy needs, and develops, implements, and documents treatment plans and goals to meet these needs for patients in a hospital inpatient and outpatient hospital setting.

OR

When assigned to the California Children's Services (CCS) Program, under direction, plans, coordinates, and implements staff training and therapy student education; provides clinical consultation to therapy staff; evaluates occupational therapy needs; and develops, implements, and documents treatment plans and goals to meet these needs for patients.”

The Occupational Therapist III distinguishing characteristics are, “The Occupational Therapist III is distinguished from the next lower class of Occupational Therapist II in that the Occupational Therapist III has clinical supervisory responsibility for Occupational Therapist Is and IIs, coordinates a designated service area(s), and independently performs complex patient care for all age groups served.”

The Psychosocial Occupational Therapist and Occupational Therapist classifications share similar tasks and employment standards. However, the scope of work for Psychosocial Occupational Therapist is specialized in mental health, whereas Occupational Therapists specialize in rehabilitation of the body. All the duties performed by the Psychosocial Occupational Therapists were within the scope, definition, and distinguishing characteristics of their current job specification. Therefore, it was found that the incumbents are properly classified.

However, the job specifications for the Psychosocial Occupational Therapist and Senior Psychosocial Occupational Therapist have not been updated since 2008 and 2016, respectively. Therefore, the job specifications were updated to reflect the County’s current language and to clarify the years of experience needed to perform the job duties at each level.

### **Salary**

To determine if the Psychosocial Occupational Therapist classification is properly compensated, an external salary survey was conducted using the five (5) surrounding counties (Alameda, Contra Costa, San Francisco, San Mateo, and Santa Cruz). The survey found that the County of Santa Clara’s Psychosocial Occupational Therapist classification is approximately eight percent (8%) higher than the comparable classifications. Santa Clara County’s Senior Psychosocial Occupational Therapist classification is approximately four percent (4%) higher than the equivalent Supervising and Senior Therapist classifications in the surrounding counties.

An internal salary survey was also conducted. Based on educational requirements, licensure, and experience required, the Psychosocial Occupational Therapist was compared to the Occupational Therapist II, and the Senior Psychosocial Occupational Therapist was compared to the Occupational Therapist III. The Psychosocial Occupational Therapist is compensated approximately ten percent (10%) less than the Occupational Therapist II. The Senior

Psychosocial Occupational Therapist is compensated approximately eleven percent (11%) less than the Occupational Therapist III.

Based on the salary surveys, it is recommended to adjust the salary of the Psychosocial Occupational Therapist classification series to align with the salary of the Occupational Therapist classification series, as they share similar education and licensure requirements. Both classification series focus on specialized treatment, one in mental health and the other in rehabilitation. The Psychosocial Occupational Therapist salary should increase by approximately ten percent (10%). The Senior Psychosocial Occupational Therapist salary should increase by approximately eleven percent (11.1%). This recommendation does not create a tie between the classifications.

Salary placement will be in accordance with Personnel Practices A25-661. This recommendation does not create compaction in the Psychosocial Occupational Therapist classification series.

### **Recommendations**

- Revise Senior Psychosocial Occupational Therapist and Psychosocial Occupational Therapist job specifications.
- Increase the salary of the Psychosocial Occupational Therapist by approximately ten percent (10%), to approximately \$61.19 - \$74.03 per hour.
- Increase the salary of the Senior Psychosocial Occupational Therapist by approximately eleven percent (11%), to approximately \$67.32 - \$81.48 per hour.

### **Fiscal Implications**

The additional annualized cost for BU 0415 is \$45,414.4 and for BU 0921 is \$94,482. Total annualized cost to the County is \$139,896.

### **Attachments**

- Job Specifications
- Salary Analysis Worksheet (Internal and External)