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TO: Janet McClelland, Acting State Personnel Director
FROM: Amy Cahoon, Acting OCSC Director
SUBJECT: CO and CMO Classification Study

I. Procedural Background

On April 1, 2012, the Department of Corrections (DOC) abolished over 2,400 Resident Unit Officer (RUO) and Corrections Medical Unit Officer (CMUO) positions at its facilities. Concurrently, the DOC created a similar number of Corrections Officer (CO) and Corrections Medical Officer (CMO) positions into which occupants of the abolished RUO and CMUO positions bumped. After learning of claims that occupants of the new positions were performing RUO and CMUO duties after the position abolitions, the Office of Classifications, Selections and Compensation (OCSC) determined that a classification study was necessary to ensure that the newly created positions were appropriately classified.

While over 2,400 positions are being considered, most were created using composite position descriptions. While some minor variation between facilities can be expected based on daily events, shifts, and facility populations, the core duties performed by positions established using these composite position descriptions are substantially similar. Rather than evaluating each position (and consistent with previous major classification studies) the OCSC decided to evaluate a sample of positions at each facility. Because this classification study affects both (1) five percent of the classified workforce and (2) several collateral challenges to the underlying action, the OCSC allowed the Michigan Corrections Organization (MCO) and the DOC to both identify one position for review at each facility to help obtain a representative sample. The OCSC also randomly identified additional positions to further compliment the sample.

Ultimately, the OCSC conducted on-site position reviews (desk audits) at all major DOC facilities. Eight OCSC staff classification experts conducted desk audits of around 120 positions over several months in 2012 and 2013. Some interviews were redone after potential conflicts involving the audit team were discovered.

The MCO, which represents the bargaining unit containing CO, CMO, CMUO, and RUO positions, asked to participate in the desk audit process through its own classification experts. That request was denied. The desk audit process consists of discussions with employees occupying the positions being reviewed, the employees' supervisors, and the appointing authority. The desk audit is not a contested procedure. The participation of outside parties and representatives is not authorized or contemplated.¹ While participation by the MCO is inappropriate during the process leading to the initial technical decision, it can participate and present arguments as an authorized representative of its members during any appellate process.

Rule 8-3.1 (a) and Regulation 8.02 clarify that only an employee or the employee's appointing authority may file a technical classification complaint challenging the technical decision. Under Standard 4.A.1.a, an employee organization, such as the MCO, "cannot file a complaint regarding a technical decision. An employee organization is limited to serving as representative for the complainant." Thus, the proper stage for the MCO to provide any evidence and arguments is at the technical review stage, as authorized under Regulation 8.02. That review is de novo under Standard 4.C.2.a, so any delay in receipt of this evidence will not affect its ultimate consideration as part of the technical process.

II. The Equitable Classification Plan

The Civil Service Commission has previously described the Equitable Classification Plan (ECP) and its operation:

Civil Service Classification System. The civil service classification system works in the following basic manner.

Under its constitutional obligation to classify all positions, the commission has approved a classification system and assigned to the Bureau staff the duty to evaluate and to recommend the classification levels for all positions created by the state agencies. The Bureau staff performs this duty based on its experience and expertise in classifying state jobs.

The positions are evaluated by the Bureau staff and are then subdivided and grouped into categories (called classifications). The classifications are based, for the most part, on the duties and concepts that define each job. These classifications are often further subdivided into levels, representing

¹ *Your Guide to On-site Position Reviews*, http://michigan.gov/printerFriendly/0,1687,7-147-6879_10278-22592--,00.html.

higher and lower levels of performance and experience within the classification.

Operationally, the classification system is a series of descriptions of the duties and concepts that define each particular classification (and differentiate the classification from other classifications).

An individual position is allocated within the classification system by comparing (1) the position's actual duties and responsibilities to (2) the concepts and examples of work that constitute the array of classifications which exist at the time of review. Each position is allocated in the particular classification which provides the best "match" or "fit" between (1) the actual duties and responsibilities and (2) the classification concepts and examples of work in the classification system.

When, as here, an employee suggests that his or her job is misclassified, the Bureau staff reviews the actual job duties of the employee and then compares those duties to the civil service classification categories. The Bureau staff, based on its expertise and experience, determines which particular classification provides the best "fit" for the actual duties.²

In this review, the suggested classifications for the proper classification of the relevant positions have been the CO, CMO, CMUO, and RUO. Although the OCSC is not limited to classifications suggested by participants in the desk audit process, the OCSC agrees that these are the only reasonable candidate classes for consideration. To determine which classifications provide the best fit for the actual duties of the positions requires consideration of the differences between the job duties listed in each class's job specification.

III. Abolished RUO Positions

A. Comparison of the CO and RUO Classifications

Most CO positions reviewed are occupied by employees who previously served in now-abolished RUO positions. Many believe they still function as RUOs and should be reclassified accordingly. A review of the job duties in the RUO and CO job specifications reveals 19 and 24 listed duties respectively. The overlap between the RUO and CO job duties is significant with several either identical or similar duties:

² *Department of Civil Service (Bureau of Human Resources Services) v El-Hussieny*, CSC 99-014, pages 4-5; *In re Michael J. Panetta*, CSC 2001-001, page 2; *In re Daniel A. Cady*, CSC 2001-063, pages 3-4.

RUO Job duties	CO Job Duties
1. Participates as a member of a treatment team in determining the classification, reclassification, parole eligibility, counseling needed, minor disciplinary procedures and treatment programs for each prisoner in the housing unit.	10. Works with Resident Unit Managers and Assistant Resident Unit Supervisors, in such areas as determination of prisoner security classifications and parole eligibility, disciplinary proceedings, and prisoner counseling.
2. Prepares program reports, housing unit treatment reports, parole eligibility recommendations and other special reports.	15. Prepares written records and reports related to the work.
3. May deliver prescribed medication to prisoners as directed by medical personnel.	19. May dispense prescribed medication to prisoners as directed.
4. Attempts to modify prisoners' attitudes and behavior through interpersonal one-to-one or group interaction.	7. Attempts to modify prisoner attitudes and behaviors through one-to-one or group interaction. 18. Works to maintain stable interpersonal dynamics with prisoners and staff.
5. Observes prisoners' activities to detect unusual or prohibited behavior, which might be a threat to the security of the facility or the safety of prisoners, employees or visitors.	1. Observes prisoners' activities to detect unusual or prohibited behavior, which might be a threat to the security of the facility or the safety of prisoners, employees, or visitors.
6. Counts prisoners under his or her jurisdiction several times during the shift and transmits the information to the control center.	2. Counts prisoners under his/her jurisdiction several times during the shift and transmits count totals to the control officer.
7. Conducts thorough searches of prisoners, employees, mail, packages, cellblocks and other structures for such prohibited items as critical tools, weapons, drugs, or other contraband.	3. Conducts thorough searches of prisoners, visitors, employees, mail, packages, cellblocks, and other structures for such prohibited items as critical tools, weapons, drugs, or other contraband.
8. Keeps prisoners moving and prevents loitering.	4. Keeps prisoners moving and prevents loitering in yards or building entrances during periods of mass movement.
9. Attempts to obtain prisoners' compliance with facility rules and regulations. Writes Disciplinary Actions (tickets) on prisoners for infractions of rules, or notifies prisoners of tickets written by other officers.	5. Attempts to obtain prisoners' compliance with facility rules and regulations. Writes Disciplinary Actions (tickets) on prisoners for rule's infractions.
10. Responds quickly to calls for assistance in other areas of the prison as directed by the control center or command officer. Assists in controlling disturbances and isolating instigators.	6. Responds quickly to calls for assistance in other areas of the prison as directed by the control center or shift supervisor. Assists in controlling disturbances and isolating instigators.
11. Observes and appropriately responds to such "critical incidents" as assaults on employees or prisoners, prisoner strikes or other situations threatening to the security of the facility and prepares written reports. Appropriate response may include the use of firearms.	8. Observes and appropriately responds to such "critical incidents" as assaults on employees or prisoners, prisoner disturbances, or other situations threatening to the security of the facility and prepares written reports. Appropriate response may include use of firearms.

12. Transports prisoners via passenger vehicles ranging from busses to automobiles, to various locations outside the institution such as courts, medical centers or other correctional facilities, ensuring that all security procedures are followed.	9. Transports prisoners via passenger vehicles ranging from busses to automobiles, to various locations outside the facility such as courts, medical centers, or other correctional facilities, ensuring that all security procedures are followed.
13. Controls entry and exit from the housing unit; identifies employees, visitors and law enforcement personnel entering the housing unit; escorts and monitors visitors while in the housing unit.	11. Controls entry and exit from the facility; identifies employees, visitors and law enforcement personnel entering the facility; escorts and monitors visitors while in the facility.
14. Oversees prisoners on various work assignments.	12. Oversees prisoners on various work assignments.
15. Assures that security systems, fire fighting equipment, fire detection systems and other equipment in the facility are in operating condition.	13. Ensures that security systems, fire fighting equipment, fire detection systems, and other equipment in the facility are in operating condition.
16. Assists in training lower-level officers.	14. Trains Corrections Officers assigned as on-the-job trainees or newly assigned training academy graduates.
17. Assists in maintaining proper standards of personal care and hygiene of prisoners and cleanliness in the housing unit.	16. Assists in maintaining proper standards of personal care and hygiene of prisoners.
19. Performs related work as assigned.	23. Performs related work as assigned

There are only a few duties without a similar equivalent job duty in the other class:

RUO Job duties	CO Job Duties
18. Organizes and maintains housing unit prisoner worker schedules, payroll and cleaning procedures.	17. May take part in searches for escaped prisoners.
	20. May operate computerized equipment.
	21. May oversee construction areas within a facility to assist work crew leaders with general security and safety of the area.
	22. May supervise prisoner work crews outside correctional facility.

The listing for Job Duties in the Glossary of Classification and Selection Terminology for the Equitable Classification Plan³ provides the following definition and discussion:

Statements located on Job Specifications describing duties, responsibilities, and tasks which are typically assigned to employees in the classification. Job duties are generally listed in the order of importance and frequency of occurrence, based on job analysis conducted by Civil Service staff; i.e., the

³ http://www.michigan.gov/documents/Glossary_104294_7.pdf.

job duties appearing at the beginning of the list are most typical of and most important to the majority of jobs in the classification. It is not necessary that any one position in any given classification have all listed job duties assigned or performed in order to be properly classified. The statements are examples only and may not encompass every task assigned to every employee.

The few duties that are unique to one classification in the job specification are presumably minor duties since they all appear near the end of the respective list of duties. All other things being equal, it would make little sense to merit separate classification based on whether a classification must rarely organize worker schedules or might occasionally supervise work crews offsite. These duties are not of primary importance to the classifications and do not provide a meaningful basis for developing distinguishing principles between the CO and RUO classifications.

The first sixteen duties in the CO job specification all appear in identical or similar form in the RUO class, albeit at a different position in the listing of duties. The first three listed duties of the RUO class appear at a much higher place in the relative listing than they do in the CO classification. To determine the proper classification of positions between these two classes with so many overlapping duties, the focus must fall on those preeminent duties and their relative importance to the newly created positions. In performing the best-fit analysis discussed by the commission in its past decisions, the essential duties of positions must be identified, contrasted, and placed in the classification that best matches those duties.

The first listed duty among the RUO job duties involves participation in a treatment team involved with the rehabilitation and treatment of prisoners in the housing unit. The second listed duty involves preparing specific reports involving determinations listed as being made by these treatment teams. The third duty involves delivering medication to prisoners.

CO job duties also include working with supervisors in the same determinations listed above as part of the RUO's treatment team duties. COs are also expected to prepare written records and reports, but there is no explicit listing of specific reports related to the treatment team determinations. CO duties also contain dispensing medication to prisoners.

While the CO class has equivalent duties for the three duties listed above, the CO listings are more general and further down the list of duties. The necessary implication of this listing of duties is that while there is some overlap of these duties, the RUO class concepts recognize a primary focus on the treatment and rehabilitation of prisoners and documentation of these actions that the CO class lacks.

B. Desk Audit Findings

The desk audits investigated the types of duties performed across the newly created positions. Employees, supervisors, and the appointing authority were asked about the situation before and after April 1, 2012. A standardized list of questions was asked of each employee and supervisor. The appointing authority then generally responded.

1. Employee Comments

Almost all employees interviewed indicated that they were performing the same duties in their new and old positions before and after April 2012. Those that did report a change had typically been relocated or reported that their duties had become more difficult. While the employees' nearly uniform impression was that they continued to be performing the same duties, the question remains whether those duties are more appropriately classified as an RUO or as a CO.

The first listed duty for the RUO is participation as "a member of a treatment team in determining the classification, reclassification, parole eligibility, counseling needed, minor disciplinary procedures and treatment programs for each prisoner in the housing unit." When asked whether they had served as a member of a treatment team before April 2012, the majority of employees said that they had not.

The employees' descriptions of their current activities for the positions, which most said had not changed since April 2012, remained inconsistent with the differentiating principle of treatment team focus evident in the RUO job specification. Less than one-half reported participation in treatment programs. Of the minority who indicated having performed treatment activities, those activities mostly fell within one of three categories:

- General supervision and monitoring of prisoners.
- Filling out paperwork referring prisoners for psychological referrals.
- Teaching classes on behavior, finance, life skills, or anger management.

Around sixty percent of employees surveyed indicated that they were involved in determinations of prisoner classification and parole, which appear in the job specifications as part of the duties of a treatment team. Nearly all indicated that they were involved with counseling and disciplinary matters, which would be expected duties for a CO position also.

The second listed duty for the RUO job specification is the production of several reports. Almost all employees reported completing some of the reports, but under 10 percent of

employees listed the duties as daily or weekly. Frequently listed examples of reports included:

- Porter evaluation reports (363s)
- Block reports (behavior evaluation)
- Psychological referrals (“Roberta Rs”)

The third listed duty for the RUO job specification is delivering prescribed medicines. Only one interviewed employee mentioned distributing medicines in describing position duties.

2. Supervisor Comments

The supervisors interviewed generally expressed support for the classification as RUOs of the newly established CO positions located in resident units. While some supervisors felt that all CO positions were interchangeable, around four-fifths expressed opinions that the new CO positions should be classified as RUOs. Their reasons were based more on policy considerations than on any recognized classification concepts:

- Some indicated that work in the resident units was more stressful and dangerous and worthy of a different classification.
- Some indicated that the change in classification has affected pride and could lead to attrition.
- Some indicated that consistency of contact between prisoners and employees on the housing unit is crucial and beneficial.

Unlike the majority of employees formerly classified as RUOs who were interviewed, the supervisors viewed most positions in the housing units as participating in treatment teams. The examples of treatment team duties given by the supervisors were similar to those cited by employees of providing general input on prisoner behavior, filing paperwork for psychological referrals, and running training sessions. Around thirty percent of the supervisors believed that COs outside housing units also served as members of treatment teams.

The supervisors were not asked specifically about completion of reports or delivery of medications, but hardly any supervisors mentioned either in describing the duties performed by COs in the resident units. Some mentioned that the employees assisted in reports or that some reports had been shifted to supervisors at their facilities.

3. Appointing Authority Comments

The appointing authority contends that reorganizing its positions offers a higher level of staffing flexibility. Although the RUO job specification allows more involvement in treatment programs, the appointing authority states that this involvement has never developed as was initially envisioned. Active RUO participation in treatment teams to determine aspects of the various programs rarely occurs.

Another reorganization that has occurred within the DOC is creating several hundred new positions with a dedicated focus on providing treatment. In the last two years, health care staff has expanded by 400 positions with the transfer of psychologist, clinical social worker, and nurse staff from the Department of Community Health. Additionally, supervisors have been reduced and new Prison Counselor positions established who are better qualified to make treatment team determinations. Whatever infrequent participation might have occurred by positions previously classified as RUOs was a minor duty and did not rise to the level of involvement envisioned when the RUO class was created or memorialized in its job specification.

The three primary duties for the RUO class are not a primary focus of the CO positions in the resident units and those duties were also performed by and continue to be performed by all COs. The treatment team duties are assigned to several other classifications and form a small portion of the work of the abolished positions. Similarly, the reporting duties were shared with several other classes and were a minor portion of the monthly tasks for the abolished and the newly created positions. Dispensing medications was and remains rare for any non-medical staff. All these duties are infrequent and do not rise to the level of the primary focus of the positions warranting classification as RUOs.

The appointing authority believes that the previous RUO positions should never have been classified as RUOs. Given the influx of new staff with expertise to allow them to actively participate in treatment teams, any arguments for the reclassification of the new CO positions are further weakened.

C. Determination

Both the CO and RUO job specifications are designed for positions providing both security and treatment services to the prisoner population. The almost complete overlap in duty types with a different relative ranking of those duties indicates that the principal difference between positions in the classes should be a primary focus on treatment team, reporting, and medication duties in RUO positions. While the positions inside and outside the housing units do have different duties and those inside the unit may have comparatively more treatment team, reporting, and medication duties, the

statements of employees, supervisors, and the appointing authority have not provided evidence that the housing unit positions are performing sufficient duties to make the RUO classification the best fit.

Several justifications were offered for reclassifying housing unit positions to the RUO classification, but those rationales addressed policy considerations rather than classification considerations:

- **Relative stress and danger:** The desk audit does suggest that there are real differences in terms of daily duties and daily stresses between CO positions inside and outside the resident units. A mere difference in duties, however, is insufficient by itself to justify a different classification. Within many classes in the Equitable Classification Plan are positions with the same classification that perform different tasks in different environments. For example, state troopers working out of different posts may experience widely varying work environments. Similarly, services specialists (a classification covering employees providing services such as foster care, adoption, child protective services, among others) may deal with dramatically different types and levels of stress based on the specific duties associated with their positions. The classification decision must focus on finding a best fit of overall job duties in the job specification and not on opinions about the work environment.
- **Worker pride and attrition:** While these are serious considerations, they are outside the scope of a classification study, which must address the job specifications as they exist rather than staffing and policy issues. The DOC remains free to reevaluate the duties assigned to its positions and to request the establishment of new positions to address perceived shortcomings. Alternatively, it can request changes to the classification plan either by seeking to create a new classifications or to modify existing ones. This classification study must be based on current positions and current job specifications.
- **Continuity of staff.** Decisions related to the method and personnel through which an agency performs its work are a management right. The audit indicated that many employees continue to work predominantly in the same location, either voluntarily or as assigned. The audit also revealed an increase in changing staff locations and some concern that overfamiliarity was also a potential risk of continuing placement. The appointing authority is charged with weighing these policy considerations when creating and abolishing positions. The Commission's staff then must find the appropriate classification given the duties assigned to the positions that are established. The relative merits of decisions to assign duties are policy determinations outside the realm of appropriate considerations in a classification study.

The fact that the majority of employees surveyed did not view themselves as part of a treatment team supports the appointing authority's contention that the initial treatment team concept was never fully implemented or realized. When the examples of possible treatment team activities are examined, they fall short of the level of treatment team engagement that the RUO job specification's listing of duties would require.

- **Prisoner monitoring.** The most common example of treatment team activities offered by employees dealt with observing prisoners. The observations could then be shared with supervisors or medical staff. Such supervision and reporting of prisoner behavior is predominantly a custodial duty. While aspects of treatment could arise in response to observations, these duties are not unique to housing unit positions nor sufficiently related to treatment to justify classification as an RUO.
- **Psychological Referrals.** Many employees interviewed reported filling out "Roberta Rs" to refer prisoners for psychological evaluation as treatment team activities. While such a referral could be consistent with treatment team activities, the audits do not suggest that this is a frequent or unique duty. The failure of half of employees to mention this suggests that it is not a significant focus of the housing unit positions. Further, positions outside the housing units could also provide such referrals. While the location of positions inside the housing unit may lead to more observation opportunities that could lead to referrals, the duty was not demonstrated to be significant enough to justify different classification of the housing unit positions based on treatment team participation.
- **Teaching classes.** Around ten percent of employees interviewed also reported teaching classes on behavior modification and other life skills. The appointing authority indicated that RUOs and COs are among several classes facilitating programming and represent a small number of the employees doing so. The evidence does not suggest that teaching classes is a unique or frequent duty for the positions reviewed justifying the RUO classification.

The lack of desk audit reports of medication delivery is further evidence that the RUO concept underlying the creation of the class three decades ago was never fully implemented. There is no credible evidence of any sustained performance of these duties, which are predominantly listed at the beginning of the RUO's duties.

Due to the location of the positions and their greater level of contact with prisoners, officers in the housing units do have more opportunities than those outside the units to perform aspects of work that are within the concept of treatment team participation. The

desk audit revealed that the difference in actual treatment provided was insignificant for classification purposes and remained a secondary rather than primary focus of the positions. The position location may have also afforded some additional reporting duties, although the evidence compiled during this review has not demonstrated that they were central enough to the positions' purpose to provide a distinguishable basis from other CO positions who also performed recurring treatment and reporting tasks.

Taken as a whole, the following evidence requires the conclusion that any differences are not significant enough to warrant classification of housing unit positions as RUOs:

- The appointing authority's statements as to the incomplete and abandoned implementation of the treatment team.
- The appointing authority's statements that the positions are not participating in treatment team activities at a level meaningful enough to be seen as a primary focus of the positions.
- The appointing authority's statements that all officers are expected to provide a level of service similar to those activities identified by employees as examples of treatment.
- The establishment of hundreds of new positions with a treatment focus in the prisons.
- The failure of the majority of the housing unit employees to recognize themselves as being part of a treatment team before or after 2012.
- The appointing authority's statements that the positions reporting treatment duties perform them sporadically and insufficiently for them to be seen as a primary or major focus of the positions.
- The appointing authority's statements that COs and other classes are expected to perform the same reporting examples identified by employees.
- The reported infrequency by employees of their reporting duties.
- The lack of discussion of reporting duties by supervisors and statements that some RUO reporting duties had been delegated to other positions.
- The absence of reported medication delivery duties by employees, supervisors, and the appointing authority.

Based on the record developed, the CO positions established in the housing units in April 2012 are determined to be properly classified.

IV. Abolished CMUO Positions

A. Comparison of the CMUO and CMO Classifications

The desk audits of new positions focused primarily on positions occupied by previous occupants of RUO positions. There is, however, a smaller number of CMO positions

created after the abolition of CMUO positions. Unlike the comparison of the CO and RUO classes, a review of the job duties for the CMO and CMUO classes reveals significant differences between the expected tasks for positions in the two classes:

CMUO Job Duties	CMO Job Duties
1. Provides for health care unit safety and security by assuring that department, bureau, and unit policies are followed.	1. Observes prisoners' activities to detect unusual or prohibited behavior that might be a threat to the security of the facility or the safety of prisoners, employees, or visitors.
2. Assists in providing general psychiatric and/or medical health care to prisoners, including measurement of vital signs and observation for abnormalities; reports observations to charge nurse and documents observations as appropriate.	2. Counts prisoners under his or her jurisdiction several times during the shift and transmits the information to the control officer.
3. Assists in maintaining a therapeutic atmosphere; contributes to the implementation of treatment plans and/or unit goals; participates in treatment team meetings, group therapy meetings, community meetings, and other meetings or recreational activities as directed; remains responsive to individual patient needs at all times.	3. Conducts thorough searches of prisoners, visitors, employees, mail, packages, cellblocks, and other structures for such prohibited items as critical tools, weapons, drugs, or other contraband.
4. Supervises patients in daily personal hygiene functions and assists with their physical needs.	4. Responds quickly to calls for assistance in other areas of the prison as directed by the control center or command officer. Assists in controlling disturbances and isolating instigators.
5. Delivers prescribed medication to prisoners.	5. Observes and appropriately responds to such "critical incidents" as assaults on employees or prisoners, prisoner disturbances, or other situations threatening to the security of the facility and prepares written reports. Appropriate response may include use of firearms.
6. Attempts to modify prisoners' attitudes and behavior through one-to-one or group interaction.	6. Attempts to modify prisoners' attitudes and behaviors through one-to-one or group interaction.
7. Observes prisoners' activities to detect unusual or prohibited behavior, which might be a threat to the security of the facility or the safety of prisoners, employees or visitors.	7. Assists in providing general medical, psychiatric and/or surgical nursing to prisoners.
8. Counts prisoners under his or her jurisdiction several times during the shift and transmits the information to the control center.	8. Dispenses medication and drugs under the supervision of medical staff.
9. Maintains housekeeping and sanitary standards; assures necessary supplies and equipment are maintained at appropriate levels and are utilized in accordance with safe practices.	9. Provides emergency medical care.

10. Controls entry and exit from the health care unit; identifies employees, visitors and law enforcement personnel entering the unit; escorts and monitors visitors while in the facility.	10. Assists the medical staff in general physical examinations, ward rounds, and treatments.
11. Assures that security systems, fire fighting equipment, fire detection systems and other equipment in the facility are in operating condition.	11. Keeps accurate nursing notes.
12. Observes and appropriately responds to such "critical incidents" as assaults on employees or prisoners, prisoner disturbances, or other situations threatening to the security of the facility. At times, the use of firearms may be required.	12. Screens sick calls and provides treatment or referral to physicians.
13. Assists with the orientation of new employees assigned to the unit and shift and in the on-the-job training program for corrections medical aides.	13. Prepares written records and reports related to the work.
14. Identifies physical plant problems or concerns if related to unit safety and security. Refers problems to immediate supervisor for corrective action.	14. May supervise the serving of meals.
15. Transports prisoners to various locations outside the institution such as courts, medical centers or other correctional facilities, ensuring that all security procedures are followed.	15. May perform laboratory procedures as directed by nursing staff or physicians.
16. Conducts thorough searches of prisoners, visitors, employees, mail, packages, cell blocks and other structures for such prohibited items as critical tools, weapons, drugs, or other contraband.	16. May perform duties of an ambulance attendant or driver.
17. Responds immediately to calls for assistance as directed by the control center or command officers; assists in controlling disturbances and isolating instigators.	17. Explains work instructions and trains lower-level employees.
18. Attempts to obtain prisoners' compliance with facility rules and regulations. Writes Disciplinary Actions (tickets) on prisoners for infraction of rules.	18. Performs related work as assigned
19. Ensures confidentiality and documents accurate observations in prisoner/patient records.	
20. Oversees, coordinates, directs and monitors the methods and techniques for processing materials and supplies required by medical, nursing and paramedical personnel.	
21. Maintains housekeeping and sanitary standards; assures necessary supplies and equipment are maintained at appropriate levels	

and are utilized in accordance with safe practices.	
22. Performs related work as assigned	

Several CMUO duties (and particularly earlier listed duties that are of greater importance in distinguishing between classes) refer to more specific medical duties occurring in the medical unit. The listed duties emphasize medical care, treatment, hygiene, and medication tasks that are either absent from the listed job duties for the CMO class or appear at the bottom of the list of duties. Based on this lower ranking, CMO positions are expected to perform fewer medical tasks. Traditional security duties related to behavior observation, prisoner counts, searches of people, disciplinary tickets, assistance calls, and prisoner transport, which appear early in the list of CMO duties, are near the end of the CMUO list. Each class also has several duties for which there is no similar duty listed in the other class.

The CMO and CMUO classifications are essentially differentiable by the level of therapeutic care to be provided. The CMUO is intended to provide more direct and specialized care while the CMO delivers routine care in the course of traditional custody-focused duties.

The DOC did not abolish all CMUO positions in April 2012. A few CMUO positions at the Duane Waters Health Center with a selective position requirement requiring additional medical certification and training remain. All other CMUO positions statewide were abolished.

A review of position descriptions for newly created CMO positions confirms a different focus. The CMUO positions' primary duty is status assessments, data analysis, care, and treatment. These reflect a medical focus consistent with the selective position requirement for experience providing advanced life support, first aid, and health care procedures as a regular function of a job with ongoing recertification. In contrast, the primary duties for the CMO positions are security related, which is consistent with statements by the appointing authority that, as with the RUO, the envisioned duties of care provision never materialized for the abolished CMUO positions. The newly created positions reflect actual duties, which provide only occasional routine care that best fits the concept of the CMO class.

Given the lack of specific required medical background for the newly created CMO positions and the lack of focused medical duties, their continued classification as CMOs is determined to be appropriate.

V. Conclusion

In reviewing the comments from employees, supervisors, and the appointing authority, it appears that the employees formerly occupying the abolished RUO positions included more concentrated and continuing interactions with inmates inside the housing units. While this work may be more challenging and perhaps provide justification of a higher classification or pay rate under a classification plan, the primary relevant inquiry in this classification study is whether the work meets the definition contained in the current job specification for the RUO class in the existing Equitable Classification Plan. It does not.

When established three decades ago, the RUO class was differentiated from the CO class predominantly by an intended central focus of RUO positions as members of treatment teams. While the location of the abolished positions within the housing unit may have led to more contact with inmates and different challenges, there is no evidence of these positions having functioned anytime recently as part of a designated treatment team. Indeed, a majority of the employees interviewed indicated that they were not part of a treatment team. To the extent that some employees indicated that they served on a treatment team, their cited examples consisted of occasional duties that a CO could also be expected to perform. A review of the position descriptions for abolished RUO positions indicates that the primary duties when established were security duties unrelated to the treatment, reporting, and medication focus demanded by the job specification for the class. It would appear that the abolished positions have been improperly classified for years, if not decades.

A similar longstanding overclassification of many medical unit positions seems to have been in place for many years as well. Again, whatever policy arguments may be made about the relative difficulty of different positions, the classification decisions for those positions must be governed by the Equitable Classification Plan and its job specifications. Past mistakes in classifying abolished positions does not provide a basis for misclassifying the positions newly created in April 2012.

Differences in duties could form the basis to create a different classification that distinguished between the specific types of duties performed by CO positions inside and outside of housing units. But that has not been done to date.

Differences in the amount of prisoner interaction or relative stress levels, especially if they were linked to an inability to attract and retain employees working in the housing units could be the basis for a pay premium for housing unit workers. Any such premium would need to be negotiated between the parties in the collective bargaining process.

The appointing authority could have sought to have the former RUO positions frozen rather than abolished. But there is no right to a position freeze. The constitution

reserves for appointing authorities the right to establish and abolish positions for reasons of administrative efficiency without civil service commission approval. It should also be noted that implicit in the discussion of freezing in lieu of abolishment is a recognition that the RUO positions had been improperly classified.

Because the CO, CMO, CMUO and RUO classes are department-specific classes, the DOC has an important role in advising the OCSC on its needs for the classes. While the types of work previously performed in the abolished positions may merit recognition in separate classes, they do not meet the concept in the current RUO and CMUO job specifications. The duties performed by the surveyed employees before and after April 2012 best fit the concepts established in the CO and CMO classifications. Accordingly, the current classification is found to be appropriate.

An affected employee may file a technical complaint challenging this decision. Any complaint must be filed using a Technical Classification Complaint form (CS212a), which must be received by the Office of Technical Complaints on or before fourteen calendar days from the date of this study's issuance. The form and regulation describing filing procedures can be viewed at www.mi.gov/otc. Questions about the technical complaint process may be directed to (517) 373-3024.