

Partners in Recovery	POLICY AND STANDARDS
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*Applicable Arizona Department of Health Services Behavioral Health Licensing Rule(s):
R9-20-207.D.3*

Direct Care Clinics (DCC) Policy:

Policy Number:	HR - 0008
DCC Policy Name:	Maintaining Required Staffing Ratios and Requesting Additional Positions
Date of Inception:	
Previous Approval Date:	
Current Approval Date:	

Corporate and Partners in Recovery Direct Care Clinics (DCC) Approval(s):

Partners in Recovery, Representative Title		Date
Partners in Recovery, Representative Title		Date
Partners in Recovery, Representative Title		Date
Partners in Recovery, Representative Title		Date

Cross Reference(s)

None

Policy Statement

Partners in Recovery understands the importance of maintaining clinical staffing ratios in order to provide necessary behavioral health (BH) services to recipients.

Purpose

The purpose of this policy is to give Direct Services Management staff direction on when to request additional unbudgeted positions in order to maintain staffing ratios as outlined in the Case Management Plan. This policy does not impact recruiting or turn-over ratios. The intent of this policy is to ensure that there are adequate budgeted positions within the clinics. Human Resources will attempt to maintain an adequate job pool so that vacancies occurring in existing budgeted positions can be filled quickly.

Scope

Partners in Recovery Direct Care Clinics.

Key Terms

Assertive Community Treatment (ACT)

ACT Teams are for the most seriously ill recipients. Generally, less than 10% of the individuals with serious mental illness served by Partners in Recovery meet criteria for referral to an ACT team.

Supportive Treatment Teams (STT)

ST Teams are for recipients who do not meet the requirements for ACT treatment, but cannot maintain recovery with medication management only. Most consumers will need supportive treatment.

Connective Treatment (CT)

Connective treatment is appropriate for those recipients who are in the maintenance phase of their recovery.

Policy Terms & Definitions are available should the reader need to inquire as to the definition of a term used in this policy.

To access the *Policy Terms & Definitions Glossary* in MagIC, click on the below link:

[***Policy Terms & Definitions Glossary***](#)

Standards

- I. Staff Report
 - A. Partners in Recovery maintains a report that outlines staffing ratios by discipline. The Physician and Nurse Practitioner report goes to the Medical Director of Direct Services. The Registered Nurse report is sent to the Director of Nursing. The report regarding all

other non-medical staff is sent to each individual Site Administrator. The report that is distributed to Site Administrators lists every budgeted position within the clinics.

- B. Management staff is required to review the reports each week and ensure that staffing patterns are in compliance with the Case Management Plan.
- C. Staff is expected to fill all vacant positions first and then request additional unbudgeted positions if required to meet the staffing ratios outlined in the case management plan.
 - Site Administrators are responsible to ensure that they are notifying their recruiter of and posting any vacant positions or positions that they know in the next 30 days will become vacant. Site Administrators should make every attempt to work proactively to minimize the amount of time that positions remain vacant.
- D. Site Administrators can use past data which supports referral trends in order to ensure that accurate projections are being made regarding hiring needs. The referral trends can be obtained from the evaluation department or from referral logs kept at the clinics.
- E. If some sites are overstaffed in certain discipline areas it may be expected that a staff person will be asked to move to an alternate site in order to ensure that required staffing ratios are maintained.

II. Assertive Community Treatment (ACT)

- A. As ACT caseloads grow in excess of a 1:12 ratio, Partners in Recovery will add case worker specialty positions as needed in order to address the specific clinical need of the recipient population served in the clinic. For instance, if the Homeless ACT is down a case manager, an additional housing case worker specialty position might be added in order to ensure that the caseload ratio remains in check. ACT teams should request additional unfunded positions if all current funded positions are full and caseloads have increases to an average of 1:15 ratio across the team.
- B. If the clinical teams have identified that there is not enough clinical acuity to justify an additional ACT team, then this will be brought to the attention of the Direct Services Medical Director. It would then be up to Division of Behavioral Health Services and the Partners in Recovery Medical Director for Direct Services to determine if alternate treatment models would better suit the clinical needs of recipients who, in the opinion of the Direct Services Medical Director, don't meet the acuity requirements for ACT.

III. Supportive Treatment Teams (STT)

- A. Sites may request additional Case Managers when the average caseload exceeds a ratio of 1:30 and there are between 15-30 additional recipients assigned to that particular site. For instance if a site has 900 recipients the site could request a new unfunded position at 915-930. It is expected that smaller sites would request at the 15 versus 30.
- B. An additional Clinical Coordinator should be added when all existing Clinical Coordinators have caseloads exceeding a ratio of 1:270 and there are enough supportive recipients to justify an additional Clinical Coordinator. For instance if a site has 4

Clinical Coordinators and 1350 recipients, it would be time to request a new unfunded Clinical Coordinator position.

- C. Each site has one assigned Clinical Director. Therefore the staffing ratio for Clinical Directors is 1:1500 or less.
 - D. The Case Worker-Specialty positions should follow the guidelines set in the Case Management Plan. As outlined in the Case Management Plan, the Clinical Coordinator (Team Coordinator), Behavioral Health Medical Practitioner (BHMP), Nurse or Case Manager (Behavioral Health Technician) may also be designated as a Substance Abuse Specialist and/or a Housing Specialist.
- IV. Connective Treatment (CT)
- A. Connective Team Clinical Coordinators can have a caseload of up to 70 recipients however, it is anticipated that caseloads would not exceed 10% of any given team at a time (i.e. team=270, caseload approximately 27 recipients).
 - B. To help manage documentation requirements and case management functions, an additional staff person may be requested when each Clinical Coordinator at a particular site has a caseload of 71 or more recipients.
- V. Physicians and Nurse Practitioners (ACT, STT and CT)
- A. BHMPs will have blended caseloads serving recipients on both Supportive and Connective teams. The Case Management Plan states that Physician caseload ratios should not exceed 1:250 on Supportive Teams and 1:350 on Connective Teams. Since this would be a blended role the expectation would be that the combined caseload for physicians and nurse practitioners would be targeted at 270 with no more than 250 of these being Supportive recipients.
 - B. Psychiatrists will have their caseloads adjusted according to their schedule.
 - C. The caseload ratio for a full time BHMP assigned to an ACT will be 1:80-1:120.
- VI. Registered Nurses (ACT, STT, CT):
- A. Registered Nurses will have blended caseloads serving recipients on both Supportive and Connective teams. The Case Management Plan states that Physician caseload ratios should not exceed 1:250 on Supportive Teams and 1:350 on Connective Teams. Since this would be a blended role the expectation is that the combined caseload for registered nurses would be targeted at 300 with no more than 250 of these being Supportive recipients. Nurses working on Supportive and Connective Teams will have higher caseloads because it is expected that injections and lab work would be services required less frequently by recipients on a Connective Team thereby necessitating less nursing time.
 - B. The caseload ratio for a full time Nurse assigned to an ACT will be 1:80-120.

VII. Counselor Ratio to Provide Individual, Group, or Family Counseling:

- A. A minimum of one per site who is licensed as an associate counselor or professional counselor according to A.R.S. Title 32, Chapter 33; licensed clinical or master social worker; or licensed independent substance abuse counselor.
- B. Up to two additional counselors may be employed at the site to provide substance abuse or DBT counseling.

VIII. Staff Ratio to Provide Assistance in the Self-Administration of Medication Services:

- A. On site: A minimum of one Registered Nurse per site.
- B. Off site: A minimum of one ACT Team Case Manager, one ACT Team Registered Nurse and one ACT Team Physician according to the ratios described in Section II., V. and VI. In the policy.

Associated Partners in Recovery Direct Care Clinics Forms & Attachments

None

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