



Legislation Text

File #: 2021-0782, **Version:** 1

To: Board of Supervisors of Sonoma County
Department or Agency Name(s): Department of Health Services
Staff Name and Phone Number: Bill Carter, 565-5157
Vote Requirement: Majority
Supervisory District(s): Countywide

Title:

Behavioral Health Crisis Stabilization Unit Staffing Allocations

Recommended Action:

Adopt a personnel resolution effective August 31, 2021 adding 1.00 full-time equivalent Health Program Manager allocation within the Department of Health Services.

Executive Summary:

The Department of Health Services operates a Crisis Stabilization Unit (CSU) that provides critical mental health services including client assistance, crisis intervention, crisis stabilization, crisis residential treatment, and rehabilitative mental health services. The CSU serves anyone in the County who is experiencing a behavioral health crisis. The Department has identified a need to add a 1.00 full-time equivalent Health Program Manager allocation to manage the staff and operations of the CSU, implement and monitor standards of care, mitigate staff and client safety risks within the unit and, when necessary, respond to client complaints and problems. This item requests approval of an additional Health Program Manager allocation for the CSU.

Discussion:

The County currently operates a Crisis Stabilization Unit (CSU) that provides critical mental health services including client assistance, crisis intervention, crisis stabilization, crisis residential treatment, and rehabilitative mental health services. The CSU serves anyone in the County who is experiencing a behavioral health crisis.

The Crisis Stabilization Unit is considered critical in the County's Specialty Mental Health system of care, as it allows the Department's Behavioral Health Division to properly assess the needs of individuals (primarily Medi-Cal beneficiaries) who are in psychiatric crisis. Clinicians/interns provide assessment, referral, case management, crisis intervention and stabilization, psychiatric evaluation, and medication administration, monitoring, and support. These services are designed to keep clients in the most independent and lowest level of care possible, and thereby, out of alternatives like locked facilities (i.e., Institution for Mental Disease); hospitals/emergency departments; homelessness; the criminal justice system; and other, more expensive, higher levels of care.

The CSU is a 24-hour facility that is currently staffed with 16 permanent Behavioral Health Clinicians, five administrative staff, five licensed vocational nurses/psychiatric technicians and numerous extra help positions that are directly supervised by one Client Care Manager (CCM). Additional clinical staff (nurses and psychiatrists) are directly supervised by the Behavioral Health Medical Director and a supervising nurse, but coordinated by the CCM as well. A staff of this size is unwieldy on its own, but the 24-hour nature of the clinic

means the majority of the time, the direct supervisor is on-call only. The lack of on-site supervision of multiple shifts can create the following risks:

- Lack of management oversight can lead to safety risks for both staff and clients; there is a higher incidence of seclusion and restraint and staff and client injuries on the evening shift when there is no manager present.
- Frequent turnover for the incumbent in the CCM position can be partially linked to the demands of the management responsibilities to the CSU.
- Interpersonal staff conflicts, which are unavoidable in this type of program, are not effectively brought to resolution because of the absence of on-site management.

The addition of a Health Program Manager to the CSU will greatly increase the consistency and effectiveness of the program's supervision.

- There will be more hours of on-site supervision that will cover multiple shifts.
- The Client Care Manager will be able to focus more on the most critical situations in off-hours, as opposed to everyday supervisory issues. This will allow for not only efficient focus and attention on those situations, but decreased burn-out and turn-over of the CCM position.
- Staff will receive more dedicated focus from their supervisor, allowing for more one-on-one interactions to receive feedback and support.
- The CSU services will be more consistent, for example employing de-escalation interventions that will reduce seclusion and restraints, with a manager covering additional shifts.

Primary Duties/Responsibilities of the Additional Health Program Manager

The Health Program Manager (HPM), reporting to the Client Care Manager (CCM), will manage the staff and operations of the Crisis Stabilization Unit, implement and monitor standards of care, mitigate staff and client safety risks within the unit and, when necessary, respond to client complaints and problems. The HPM will act as the lead supervisor for this program when the CCM is not on-site. The HPM will direct, supervise and/or delegate duties of service staff assigned to the program, lead team meetings, evaluate care of clients, and act as a resource to personnel. The HPM will work collaboratively with other departmental program managers, participate on inter- and intra-agency committees, and act as the liaison with partner agencies in matters pertaining to the provision of services provided by the program. In addition, the HPM will manage, supervise, and participate in the selection and recruitment of personnel; train and orient personnel; conduct personnel performance reviews; and make recommendations on merit salary increases and employee discipline.

Prior Board Actions:

None

FISCAL SUMMARY

Expenditures	FY 21-22 Adopted	FY 22-23 Projected	FY 23-24 Projected
Budgeted Expenses		211,206	217,542
Additional Appropriation Requested	148,774		
Total Expenditures	148,774	211,206	217,542

Funding Sources			
General Fund/WA GF			
State/Federal	105,630	211,206	217,542
Fees/Other			
Use of Fund Balance	43,144		
Contingencies			
Total Sources	148,774	211,206	217,542

Narrative Explanation of Fiscal Impacts:

The ongoing costs for the Health Program Manager will be funded through 1991 Mental Health Realignment, Measure O Sales Tax revenue from the BOS approved existing program funding, and the leveraged federal financial participation dollars that the direct service staff, who are supported by this position, bring down through the Mental Health Plan Medi-Cal claiming processes. The position costs are not currently in the proposed FY 21-22 budget and will be added during 1st Quarter Consolidated Budget Adjustments. Purchase of additional computer, chair, set-up of desk, etc. is estimated at \$5,000.

Staffing Impacts:			
Position Title (Payroll Classification)	Monthly Salary Range (A-I Step)	Additions (Number)	Deletions (Number)
Health Program Manager	7,487.54 - 9,099.84	1.00	0.0

Narrative Explanation of Staffing Impacts (If Required):

Requested staffing is intended to address staff deficiencies identified above. If approved, the Department of Health Services will work with Human Resources to fill this position.

Attachments:

Attachment 1 - Personnel Resolution

Related Items "On File" with the Clerk of the Board:

None