



SAN MATEO COUNTY HEALTH  
**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**

DATE: May 12, 2021

BHRS POLICY: 21-01  
SUBJECT: Assignment of On-Call Work for BHRS Staff  
AUTHORITY: Divisional  
AMENDED: October 6, 2022

**PURPOSE:**

This policy sets forth the process for the assignment of on-call work within Behavioral Health and Recovery Services (BHRS).

**BACKGROUND:**

BHRS operates a variety of treatment programs for adults, youths and individuals with mental health conditions or suffering with alcohol or other drug (AOD) issues. As the designated County Mental Health Plan, BHRS is required to provide adequate crisis response systems to the community 24 hours per day, 7 days per week. As the County Drug Medi-Cal Organized Delivery System, we are required to provide access to after-hours care for urgent conditions. ([DHCS DMC ODS Intergovernmental Agreement, Exhibit A Attachment 1, Program Specifications](#))

**POLICY:**

A variety of on-call systems are in place to meet the unique needs of the various populations for which BHRS provides treatment services. BHRS has both voluntary and regular and required on-call systems in place for each of the following divisions:

- A. Youth
- B. AOD
- C. Adult

In addition to the requirements and protocol contained in this policy, all employees while on on-call duty are required to abide by all other applicable County and BHRS policies, including but not limited to San Mateo County Code of Ethical Conduct and BHRS Policy 16-02, Standards and Code of Conduct.



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BHRS Psychiatrists working for BHRS do not currently work on-call. If voluntary overtime was needed, this would be covered by the On-Call Duty detailed in Section 10 On-Call Duty of the Memorandum of Understanding between County of San Mateo and Union of American Physicians & Dentists (UAPD). Should BHRS Psychiatrists work for the San Mateo Medical Center (SMMC), they would be covered by all applicable SMMC policies.

**A. YOUTH DIVISION**

**1. Youth Case Management (YCM): After Hours On-Call**

On-call duties have historically been voluntary. Due to the changing business and staffing needs, these duties need to be assigned as **regular and required**. This on-call duty will be rotated among staff assigned to YCM including Psychiatric Social Workers, Marriage and Family Therapists, and the Supervising Mental Health Clinician.

As part of the Youth Case Management responsibilities for consultation and assistance for Psychiatric Emergency Services (PES) at SMMC, the YCM team will be available during non-business hours to consult regarding the evaluation and disposition of minors that present to PES. During normal business hours, between 8:00 am and 5:00 pm on weekdays, there is a designated on-duty clinician from the team who will respond to calls from the PES medical staff when a youth is admitted to PES. Normal procedure is for the clinician to travel to PES and interview the youth or family and consult with nursing staff and the attending Physician. After-hours on-call responsibilities are more limited, and the normal procedure is that the PES staff calls the YCM on-call staff on their work-issued cell phone and discusses the situation of the presenting youth and gets consultation about potential disposition.

Designated Hours:

The after-hours on-call responsibilities begin at the end of normal business hours, in this case their time begins at 5:00 pm. They are on-call from 5:00 pm until the following morning when the on-duty clinician for the day becomes responsible for responding to PES. This procedure ensures that YCM is available to PES when a youth is in crisis and is admitted 24 hours a day.

- **Weekday On-Call Hours:**
  - 5:00 pm until 8:00 am, 15 hours
- **Weekend and Holiday Hours:**



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- Friday at 5:00 pm through Monday (or next normal work day) at 8:00 am, broken down into the following time blocks:
  - 5:00 pm Friday – 12:00 am Saturday, 7 hours
  - 12:00 am Saturday – 12:00 am Sunday, 24 hours
  - 12:00 am Sunday – 8:00 am Monday, 8 hours

### Responsibilities of the On-Call Clinician:

While on-call, the clinician is available by cell phone and will either pick up when called or call back within 30 minutes. The protocol for PES is to contact YCM on-call staff when a consultation is needed in order to help better evaluate the youth or make a decision about the youth's disposition from PES. PES may elect to wait until the following morning to have the daily on-duty clinician evaluate the youth or choose to contact the on-call clinician after hours or often both. The on-call clinician gathers information about the youth and the circumstances of their admission over the phone and may be able to look up information about the youth in AVATAR<sup>1</sup> (or Soarian<sup>2</sup>) if there is an open case. Based on their judgement and information received about the youth, the clinician will make a recommendation about how PES can proceed in managing the youth.

The typical options would include: admit to an acute hospital unit for stabilization and further evaluation, discharge to family or designated caregiver, or to continue to hold at PES to further evaluate and stabilize. The on-call clinician may also offer advice about how to manage the youth, interventions that might be utilized, or hospitals that might be most appropriate if considering admission.

The on-call clinician does not typically go in to PES in person for these consultations and does the work over the phone or through videoconference. At the on-call clinician's discretion, the clinician may be able to come in to PES where an in-person presence may be deemed necessary but is quite unusual.

### Documenting Contacts:

The on-call clinician will keep a log of all their contacts with PES, including the date and time of the call, the name of the youth and the name of the PES staff contacted. A brief description of the call and the information that was obtained is written on the tracking log form providing a record of all calls that were received while on-call and what recommendation they gave, if appropriate. The log is then given to the YCM supervisor at

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<sup>1</sup> Electronic health record system used by BHRS

<sup>2</sup> Electronic health record system used by San Mateo Medical Center



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the end of the on-call period, which is typically a one-week period.

If any follow-up case management is needed after discharge from PES for youth who are Medi-Cal beneficiaries, the on-call clinician will provide the linkage and referrals as needed.

Back up for planned absences will be announced to the unit. If there is an unplanned absence for the on-call clinician, the Unit Supervisor or Manager may contact staff to provide coverage on the voluntary basis. If coverage cannot be arranged, the next designated back-ups are the Manager and Deputy Director, Youth Division.

## **2. Canyon Oaks Youth Center (COYC)**

COYC is a 24-hour residential treatment program for high-risk adolescents. Currently on-call duties are **regular and required** and are split between the Supervising Mental Health Clinician/Unit Supervisors, Mental Health Program Specialist and two Mental Health Clinicians volunteered to be on rotation.

### Procedure and Documentation of Contacts:

**COYC Incident Report:** On-site staff will write an incident report for situations such as 5150, disclosure/reported abuse, AWOL, physical threat, injury, medication errors or death.

**After hours procedure:** Staff will call or text the On-call Administrator (whoever is assigned for that period). The on-call administrator will assess the situation and determine the action/response necessary.

**COYC AWOL:** The on-call administrator will contact COYC manager of a youth who is deemed AWOL (youth cannot be found). Manager will then inform Youth Deputy Director.

**COYC Documentation:** Various forms of documentation are in place for COYC, which include the following: Incident Reports; Log Sheets; follow up contacts made by the clinician when they return to work that are written as progress notes. The clinician also reaches out to family members and placement workers when necessary. These contacts are noted in progress notes. All incidents are captured by the clinician in the 30 day Needs and Services plans for each client and these are updated every month.

### Responsibilities of the On-Call Administrator:

The duties of the on-call administrator at Canyon Oaks are as follows:



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- 1) While on-call, the administrator is always available by cell phone and will either pick up immediately when called or will call back within 30 minutes. If the on-call administrator is required to go onsite to COYC, the on-call administrator will do so within one (1) hour of receiving the call or text.
- 2) The on-call administrator is available to respond to staff for consultation regarding a client who may be in crisis or has requested a visit that was not previously arranged by the clinician, or there is a need to authorize a law enforcement contact.
- 3) The on-call administrator is also responsible for arranging any staffing changes that may occur during their on-call shift. If there is a staffing shortage, the on-call administrator is expected to work that shift.
- 4) The on-call administrator logs all contacts with the staff on the on-call log sheet that is stored in the designated mailbox. [BHRSONCall@smcgov.org](mailto:BHRSONCall@smcgov.org)
- 5) All unusual incidents are recorded in the shift report and documented in an incident report that is shared with all the staff, case managers, licensing, and upper management.

Back up for planned absences will be announced to the unit. If there is an unplanned absence for the on-call clinician, the Unit Supervisor or Manager may contact staff to provide coverage on the voluntary basis. If coverage cannot be arranged, the next designated back-ups are the Manager and Deputy Director, Youth Division.

### **3. Youth Service Center (YSC)**

YSC is a locked detention facility operated by San Mateo Probation. BHRS staff provide mental health services to youth at the facility and to family members and youth that have been released in community settings. On-call staff respond to after-hours calls for youth detained in the juvenile hall. On-call duties have historically been voluntary. Due to the changing business and staffing needs, these duties need to be assigned as **regular and required**. This on-call duty will be rotated among staff assigned to YSC including the Supervising Mental Health Clinician/Unit Supervisor and staff clinicians. Response Time: 30 minutes if response by phone. If an in-person response is determined as necessary, response time should be as quickly as reasonably possible, and at most within 1 hour.

#### Documenting Contacts:

The YSC After-Hours clinician will keep a log of all calls received during the week. At the conclusion of the week a call log is submitted to the Program Specialist that includes the following information: Date, time, duration of contact, caller, assigned program (e.g. YSC or Camp Kemp), name of youth, if the contact was in-person and a short description of resolution of the call. The YSC After-Hours clinician will debrief any call they had by leaving a



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message on the OD line. If a youth is placed on Mental Health Observation (MHO) or suicide watch the YSC After-Hours clinician will debrief with the Unit Supervisor.

All cases that the YSC After-Hours clinician is called about will be documented in AVATAR. An episode will be opened to Youth Services Center (YSC) and notes will be written regarding the services provided.

Back up for planned absences will be announced to the unit. If there is an unplanned absence for the on-call clinician, the Unit Supervisor or Manager may contact staff to provide coverage on the voluntary basis. If coverage cannot be arranged, the next designated back-ups are the Manager and Deputy Director, Youth Division.

**B. ALCOHOL AND OTHER DRUG (AOD) INTEGRATED MEDICATION ASSISTED TREATMENT**

The Integrated Medication Assisted Treatment Team (IMAT) will assign an On-Call Administrator to provide consultation and assistance to staff working after normal business hours at the San Mateo Medical Center Emergency Department (SMMC ED). The on-duty, on-call staff will ensure that contact is made with the On-Call Administrator as soon as possible, following the implementation of any necessary emergency interventions (i.e. calling 911 or SMMC security). On-call hours are **regular and required** for IMAT clinicians which include the Clinical Services Manager and Supervising Mental Health Clinician.

The IMAT On-Call Administrator responds to the following issues:

- **Coverage:** Staffing needs coverage/fill-in of shifts at the SMMC ED in order to maintain ratio & safety components of the program.
- **Consultation:** For current (or potential) IMAT clients with harmful substance use and/or mental health challenges that present a danger to themselves or others or are otherwise in crisis and needing urgent assistance.
- **Crisis Situations:** Such as suspected overdose, intoxication, or a serious mental health or medical issue for clients. Events concerning wellness of staff.
- **Resources:** Need for additional staffing or support resources. The On-Call Administrator will make a determination of the agency's ability to fulfill those needs, up to, and including, the on-site assistance of the On-Call Administrator.
- **Authorization Of:** Linkage to Standing Order for Buprenorphine, payment for medications, use of vouchers, or other urgent hygiene supplies or client needs.
- **Other:** Clinical or procedural consultation as necessary.

IMAT On-Call Administrator Assignment:

On-Call Administrator role will primarily be fulfilled by the IMAT Unit Supervisor, or the Unit



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Clinical Services Manager. Back up for planned absences will be announced to the unit. If there is an unplanned absence by the Unit Supervisor or Manager, the next designated back-ups are the Residential Treatment Team (RTX) Unit Supervisor, and then the Deputy Director of Alcohol & Other Drug Division.

Designated On-Call Administrator Hours and Procedure

**Normal business hours** are defined as:

**8:00 AM – 5:00 PM on non-holiday weekdays, Monday through Friday**

During normal business hours the Unit Supervisor is available to respond to emergency situations and will assign a back-up when scheduled off.

**Procedure:** The IMAT staff on-duty will call or text the Unit Supervisor who will assess the situation and determine response necessary.

**After-hours** are defined as:

**5:00 PM – 10:00 PM weekdays, 7AM – 10PM Saturdays and Sundays, and County-defined holidays.**

**After-hours procedure:** Staff will call or text the Unit Supervisor or assigned back up if Unit Supervisor is off. On-Call Administrator will assess situation and determine response necessary.

After-hours on-call responsibilities exist during the above defined **after-hours** period. The Unit Supervisor is responsible for responding to emergencies during **normal business hours**, as defined above. This procedure ensures that the IMAT team is available to respond:

- **Normal business hours - Weekday On-Call (non-holiday):**
  - Monday – Friday: 5:00 pm – 10:00 pm
- **Weekend and Holiday Hours:**
  - Saturday & Sunday: 7:00 am – 10:00 pm
  - Holiday: 7:00 am – 10:00 pm

Responsibilities of the On-Call Clinician/Administrator:

While on-call, the clinician/administrator is always available by cell phone and will respond immediately when called. The protocol for IMAT is to contact the On-Call Administrator when a consultation is needed in order to help better evaluate the client or determine disposition. The



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on-call clinician gathers information about the circumstances over the phone. Based on information received the On-Call Administrator will make a recommendation about how to proceed in managing the situation or will seek guidance as necessary.

Incident Report (IR):

On-site staff will write an Incident Report for situations such as physical threat, injury, reported abuse, medication errors, or death.

Crisis Tree/On-Call Process:

On-duty staff will call the listed staff in the following order:

1. Unit Supervisor: IMAT
2. Clinical Services Manager
3. Unit Supervisor: RTX
4. Deputy Director

Documenting Contacts:

The on-call clinician will keep a log of all their contacts with IMAT staff, including the date and time of the call, name of client(s), a brief description of the call and information obtained, and recommendations given, if appropriate. The log is kept for review by the IMAT Unit Supervisor, any IR's or other critical events will be reviewed with QM and/or AOD Clinical Services Manager, as appropriate.

**C. ADULT CRISIS AND OUTREACH TEAM**

The Crisis and Outreach Team provides consultation for emergency services and disasters in the community. On-call duties for the adult system are the responsibility of the Crisis and Outreach Team. On-call duties have historically been voluntary. Due to the changing business and staffing needs, these duties need to be assigned as **regular and required**. This on-call duty will be rotated among the Clinical Services Manager, Supervising Mental Health Clinician/Unit Supervisor and Mental Health Program Specialist. Rotations are 1 week long starting Friday evenings.

Documenting Contacts:

The on-call clinician will keep a log of all calls received, including the date, time and duration of the call, name and contact information of caller, a summary description of the content of the call and any action(s) taken, including escalation up the BHRS chain of command as appropriate. The





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on-call log may be reviewed by management at any time. If the call involved a BHRS client, the on-call clinician will write a progress note in Avatar. The on-call clinician will draft and submit an incident report to Quality Management within 24 hours if the situation meets the definition of a reportable incident.

Back up for planned absences will be announced to the unit. If there is an unplanned absence for the on-call clinician, the Unit Supervisor or Manager may contact staff to provide coverage on the voluntary basis. If coverage cannot be arranged, the next designated back-ups are the Manager and Deputy Director, Adult Division.

**VOLUNTARY ON-CALL TIME CODING:**

This coding is currently followed for YSC, Youth Case Management, and Adult Crisis and Outreach Team since on-call is currently a voluntary duty.

Because these assignments are currently voluntary, on-call time should be coded in ATKs as 127 (if hired on or after January 1, 2013<sup>3</sup>), or 024 (if hired before 2013).

When the on-call clinician is on-call, hours are coded on ATKs as code 024. When a call is received and a consultation occurs, that time is then coded 025 (Call Back Pay - monetary payment) or 051 (compensatory time earned at time and one-half). While in an on-call capacity, employees shall be paid at the hourly rate specified in Section 10 On-Call Duty of the Memorandum of Understanding between County of San Mateo and American Federation of State, County and Municipal Employees (AFSCME) Local 829, AFL-CIO (AFSCME MOU), or in Section 9 On-Call Duty of the Memorandum of Understanding between County of San Mateo and American Federation of State, County and AFSCME Local 829, AFL-CIO/Service Employees International Union Local 521, Extra-Help Unit (AFSCME/SEIU Extra-Help Unit MOU).

Pursuant to section 7.4 Call Back of the AFSCME MOU, the employee will receive call-back pay for a minimum of 30 minutes if they are required to conduct work via a remote connection (telephone or computer) during off-duty hours, and any additional actual time worked in 6-minute increments. **An employee receiving call back pay shall not be entitled to on-call pay simultaneously.**

Employee will be compensated at the rate of one and one-half (1-1/2) times their hourly rate for overtime worked. For the purposes of determining eligibility for overtime compensation, only holiday time off on County recognized paid holidays will be considered time worked, except

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<sup>3</sup> Regular employees hired after January 1, 2013 could code 027 if they are in SAMCERA Retirement Plan 5 or lower due to reciprocity from another pension system at a previous job. If you don't know what Retirement Plan you are in, you can contact SAMCERA to find out.



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vacation and CTO shall count as hours worked when the employee is called back to work after regular work hours pursuant to Section 7.4 of the AFSCME MOU. If an employee has used sick time in the same week that they are called back, employees should use code 107 (OT at Straight Time) to receive monetary payment or code 108 (Comp Time hours Earned at Straight Time) to be granted compensatory time, for the number of sick hours taken in the same week, until their call back hours exceed the number of sick hours used that week.

Pursuant to section 9.2 Call On-Call Duty of the AFSCME/SEIU Extra-Help Unit MOU, extra-help employees who are authorized to be placed in an on-call status pursuant to section 9.1 of the AFSCME/SEIU Extra-Help Unit MOU, shall be paid the hourly equivalent on-call rate applicable for their classification in the regular service, during the time in which they are required to be in an on-call status. Extra-help employees in an on-call status who are required to physically report to work shall be compensated at the time and one half rate of pay (1 1/2 time) for a minimum of three (3) hours as “call back-pay”. The employee will receive call-back pay for a minimum of 30 minutes if they are required to conduct work via a remote connection (either telephone or computer) during off duty hours, and any additional actual time worked in 6-minute increments. **An employee receiving call back pay shall not be entitled to on-call pay simultaneously.**

### **MANDATORY ON-CALL TIME CODING**

This coding is currently followed COYC and IMAT since on-call is currently a regular and required duty.

Time is coded as 127 (if hired on or after January 1, 2013<sup>4</sup>) or 027 (if hired before 2013).

When a call is received and a consultation occurs, that time is then coded 025 (monetary payment) or 051 (compensatory time off). Employees shall be paid at the hourly rate specified in Section 10 On-Call Duty of the AFSCME MOU or Section 9 On-Call Duty of the AFSCME/SEIU Extra-Help Unit MOU.

Pursuant to section 7.4 Call Back of the AFSCME MOU, the employee will receive call-back pay for a minimum of 30 minutes if they are required to conduct work via a remote connection (either telephone or computer) during off duty hours, and any additional actual time worked in 6-minute increments. **An employee receiving call back pay shall not be entitled to on-call pay**

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**simultaneously.**

Employee will be compensated at the rate of one and one-half (1-1/2) times their hourly rate for overtime worked. For the purposes of determining eligibility for overtime compensation, only holiday time off on County recognized paid holidays will be considered time worked, except vacation and CTO shall count as hours worked when the employee is called back to work after regular work hours pursuant to Section 7.4 of the AFSCME MOU. If an employee has used sick time in the same week that they are called back, employees should use code 107 (OT at Straight Time) to receive monetary payment or code 108 (Comp Time hours Earned at Straight Time) to be granted compensatory time, for the number of sick hours taken in the same week, until their call back hours exceed the number of sick hours used that week.

Pursuant to section 9.2 Call On-Call Duty of the AFSCME/SEIU Extra-Help Unit MOU, extra-help employees who are authorized to be placed in an on-call status pursuant to section 9.1 of the AFSCME/SEIU Extra-Help Unit MOU, shall be paid the hourly equivalent on-call rate applicable for their classification in the regular service, during the time in which they are required to be in an on-call status. Extra-help employees in an on-call status who are required to physically report to work shall be compensated at the time and one half rate of pay (1 1/2 time) for a minimum of three (3) hours as “call back-pay”. The employee will receive call-back pay for a minimum of 30 minutes if they are required to conduct work via a remote connection (either telephone or computer) during off duty hours, and any additional actual time worked in 6-minute increments. **An employee receiving call back pay shall not be entitled to on-call pay simultaneously.**

Approved: Signature on File  
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