Staffing Plan and Required Competencies Policy

Effective Date: 08/15/2025

Approved By: Director of Medical and Clinical Services

Review Schedule: Annually or as Needed

Applies To: Integrated Primary Care/Behavioral Health, Day Treatment, PHP, Community Integration

Purpose

To establish a structured staffing plan that ensures REACH for Tomorrow maintains adequate, qualified, and competent personnel to provide safe, effective, and person-centered care across all service areas in compliance with CARF 2025 Standards and OhioMHAS regulations.

I. Policy Statement

REACH for Tomorrow will maintain a sufficient number of appropriately qualified, credentialed, and trained personnel to meet the needs of the persons served and the scope of services offered. The organization ensures that staff possess the competencies required for their specific roles and that their training and professional development are continuously supported through supervision, orientation, and ongoing education.

II. Scope

This policy applies to all personnel—including full-time, part-time, contracted, and per diem staff—within all service lines of REACH for Tomorrow's Partial Hospitalization Program and associated behavioral health services.

III. Staffing Plan Overview

A. Staffing Model and Coverage

Position	Minimum Credentials	Primary Functions	Coverage Expectations
Medical Director / Supervising Physician	MD/DO with unrestricted Ohio license and board certification	Provides clinical oversight, medication review, quality and risk management input	Oversight of all medical operations and prescriber supervision

Nurse Practitioner (PMHNP/FNP)	Licensed APRN with psychiatric and/or family certification	Conducts evaluations, prescribes medications, manages physical and mental health needs	Available for daily clinical operations and on-call coverage
Program Director / Clinical Supervisor	LISW, LPCC, IMFT, or equivalent	Supervises staff, ensures clinical compliance, oversees program performance	Full-time; available during all program hours
Registered Nurse / LPN	Current Ohio licensure	Administers medications, monitors vitals, educates clients, assists with lab coordination	On-site during all medication administration periods
QMHS / Case Manager	Bachelor's degree or Ohio QMHS qualification	Provides CPST, group and individual skill-building, coordination of care	Coverage for all active clients daily
Therapist / Counselor (LSW, LPC, LICDC)	Ohio licensure or supervised status	Delivers individual, group, and family therapy	Available daily and on rotation for group facilitation
Peer Support Specialist	Ohio Peer Recovery Supporter certification	Provides lived-experience-based recovery support	As scheduled per program need
Administrative Support Staff	High school diploma or equivalent	Manages scheduling, communication, and documentation logistics	Business hours
Interns / Trainees	Enrolled in relevant academic program	Provides services under direct supervision	Coverage per supervision plan

IV. Staffing Ratios and Capacity

Role / Service	Recommended Ratio	Notes
Clinical Staff-to-Client (PHP Groups)	1:10	Minimum of one licensed clinician or QMHS per 10 clients
Nursing Coverage	1:15	Based on client acuity and medication complexity
Prescriber (NP/MD)	1:25–30	Caseload adjusted based on intensity of service
Clinical Supervisor	1:8 (staff supervision)	Ratio of supervisor to direct clinical staff
Peer Support / Case Management	Variable	Based on recovery stage and service needs

Staffing levels are reviewed quarterly through the Quality Improvement (QI) Committee to ensure adequacy and effectiveness.

V. Recruitment and Credentialing

1. All clinical and medical staff must hold active, unrestricted licenses in the State of Ohio.
2. Background checks, OIG/SAM exclusion screening, and primary source license verification are completed before hire.
3. Credentialing and privileging documentation are maintained in personnel files.
4. The Compliance or HR Department maintains a Credentialing Matrix with renewal dates and verification logs.

VI. Competency Requirements and Verification

All employees must demonstrate job-specific competencies through education, training, and observation. Competencies are validated at hire, after orientation, and annually thereafter.

Competency Area	Required for	Verification Method
Ethics and Professional Boundaries	All Staff	Orientation, supervision review
Trauma-Informed Care	Clinical, QMHS, Nursing	Annual training completion
Suicide Risk Assessment and Crisis Response	Clinical, Nursing	Scenario-based review and chart audit

Medication Safety and Administration	Nursing, Prescribers	Skills demonstration and competency checklist
Infection Control and Universal Precautions	All Staff	Annual training and environment inspection
De-escalation and Crisis Intervention	All Direct Care Staff	Annual CPI or equivalent training
Confidentiality and 42 CFR Part 2	All Staff	Test and acknowledgment
Cultural Competence and DEI Awareness	All Staff	Annual continuing education
Documentation and EHR Proficiency	All Staff	Chart audit and documentation review
Emergency Preparedness and Safety	All Staff	Annual safety drill participation

VII. Supervision and Performance Evaluation

- Licensed and unlicensed staff receive supervision per OhioMHAS and licensure board requirements.
- Supervisors review caseloads, documentation, and treatment outcomes regularly.
- Performance evaluations occur annually, incorporating client feedback, adherence to CARF standards, and demonstration of competencies.

VIII. Staffing Shortages and Contingency Planning

In the event of staff absence, vacancy, or surge in client volume:
- Cross-trained staff may provide temporary coverage within their competency and scope.
- Telehealth coverage may be activated for prescribers or therapy services as approved.
- The Program Director documents all adjustments in the Staffing Coverage Log and notifies the Executive Director of extended shortages.

IX. Training and Continuing Education

All staff are required to complete initial and annual training in the following areas:
- CPR / First Aid
- Bloodborne Pathogens / Infection Control
- Active Shooter and Safety Drills
- Cultural Competency and Trauma-Informed Care
- Ethics and Professional Conduct
- Suicide Prevention and Crisis Response

- Documentation Standards
- Medication Safety (as applicable)
- Client Rights and Confidentiality

X. Review and Approval

This policy shall be reviewed annually by the Executive Director, Director of Medical and Clinical Services, and Human Resources Department to ensure staffing levels, qualifications, and competencies remain sufficient and compliant with CARF and OhioMHAS standards.