



Office of Refugee Resettlement Refugee Program Physical and Behavioral Health Promising Practice



University of California San Francisco Trauma Resource Center Building Officer of the Day

The University of California San Francisco (UCSF) Trauma Recovery Center (TRC) developed and implemented a "building officer of the day" (BOD) system to provide immediate support to clients and staff during office hours. This practice addresses the challenge of meeting urgent, time-sensitive client needs. Preliminary data indicates the BOD system positively impacts the timeliness and quality of client services and the well-being of staff.



Practice Description

UCSF TRC's BOD system provides timely support to clients and staff during office hours. The BOD system comprises a team of experienced and trained clinicians who rotate through half-day shifts as the on-call clinician, or BOD. The BOD receives all incoming calls, addresses immediate needs, provides crisis support, processes referrals, and completes intakes. In addition, the BOD supports TRC staff through consulting on cases, providing a space for debriefing, or joining a counseling session when appropriate. Because BODs address urgent client needs, other clinicians can conduct uninterrupted counseling sessions. In addition, clients receive holistic support from the agency, rather than from one staff member, decreasing staff pressure and risk of burnout.



Need for the Practice

The UCSF TRC provides mental health services and crisis response to a vulnerable population whose needs warrant immediate attention. During normal operating hours, the agency wants someone available to respond to clients' urgent, time-sensitive needs without delay. This presents a challenge for staff who are assisting other clients or occupied with other work. The BOD system enables the agency to offer immediate contact and crisis support for clients while allowing staff who are not part of the BOD to focus on their work.



How to Implement the Practice

The UCSF TRC described the key steps to implement this practice:

- Define the BOD role.
- Identify, outline, and prioritize key components of the role.
- Identify qualified staff.
- Provide training for those selected to be BODs.
- Create protocols and training for entire program staff.
- Assign coordinator for creation, dissemination, and maintenance of schedule.



Preliminary Results

The UCSF TRC provided preliminary data used to determine the effectiveness of this practice. Testimonials from clinical staff confirmed positive impact on client services and staff well-being.

The BOD system benefits clients and staff in several ways:

- Clients who call or drop in outside of scheduled sessions can connect directly and immediately with a clinician for support, program enrollment, referrals, or crisis intervention.
- The BOD system promotes a culture of collaborative care in which clients are "held by the clinic," meaning the agency rather than an individual staff member serves them. With this system, clients with emergent needs have access to support from a larger team.
- Staff members have the support to effectively manage complex cases and the opportunity to debrief with the BOD team.
- The system gives space for staff to focus on clients and work without distraction, improving client services.
- Program staff have greater confidence in their work with clients and experience less stress.

Testimonials about the BOD system:

- *Our clients can call (or drop in) and connect directly with a clinician on duty in a moment of distress.*
- *The BOD system allows me to know that there are many people helping patients as they recover.*
- *It allows our most high-risk clients to be "held by the clinic" – it increases clients access to support beyond their assigned clinician.*
- *It also allows clients to broaden their support and have multiple touchpoints/contact with therapists, in addition to their individual therapist.*
- *It allows people to go on vacation with less stress knowing that the patient has support from a team.*
- *On days when I'm out, I know that my clients can get support from whichever of my colleagues is BOD that day, which relieves stress.*



Inputs/Resources

Agencies should expect to invest time to implement this practice. There are key inputs and resources needed to adopt this practice.

- Experienced staff – Those selected to be on the BOD team must be experts in the program’s services, policies and protocols, and referral network and able to provide consultations and direct intervention.
- Training resources – Program staff must be trained in the BOD system and protocols. BOD staff must complete specific training that includes shadowing a veteran BOD.
- Schedule coordination – Staff responsible for scheduling must set and maintain the BOD schedule, taking into account such things as program priorities, capacity, on-site availability, and staff leave time. Procedures for schedule coordination and dissemination must be established.



Contextual Considerations

Agencies should consider contextual factors that may impact implementing this practice.

The system allows for consistent referrals, client contact, crisis intervention, and staff support without the addition of more staff. This practice could be implemented in programs that receive a high number of referrals, have multiple programs with distinct eligibility guidelines, or serve vulnerable populations. Along with time and resource investments, agencies should consider the well-being of BOD staff. In this role, BODs are required to move from task to task, so there is potential for mental strain and fatigue that should be regularly assessed to ensure staff well-being and program sustainability.

What is a Promising Practice? A promising practice is a unique and/or innovative approach, method, or technique that has demonstrated effectiveness and is replicable. ORR’s Refugee Program primarily identifies potential promising practices during recipient and subrecipient monitoring and engages in a validation process to ensure the practice meets the standards to classify it as “promising.” Each practice falls under one of the following domains: Physical and Behavioral Health, Employment and Economic Stability, Education and English Language, or Social Adjustment and Integration.