



AFSCME LOCAL 3511

Longer waits for all appointments

- Intakes, follow up appointments, psychiatric evaluations, etc.
- Wait list for therapy
- Wait list for processing housing documents, disability
- Pushing the limits of Access to Care Requirements

Overwhelmed staff

- Larger caseloads
 - It takes a certain amount of time, concentration, energy, and empathy to do the work properly. There is not enough time and staff are rushed. This is NOT assembly line work. It requires connection with the client.
 - E.g. – one clinic had 3 clinicians scheduled for 16 intakes. 1 clinician called out sick. This is not sustainable – many leaving county services.
 - Need more licensed professionals, not paraprofessionals.
 - There are instances of paraprofessionals escalating the client during crisis situations.

Overwhelmed staff Cont'd

- It takes time and careful treatment to both house the homeless and to keep them in housing.
 - Need professionals in order to do this work.
 - More than just filling out forms. It is difficult and time consuming to find housing, and many recently housed clients want to leave in the first months.
 - Need staff who are willing to go under bridges, into Skid Row, other places to find and connect with our clients.

Recruitment & Retention

- Manageable workload
 - There is an imbalance between clinical workload demands and staffing levels. Being unable to deliver quality services destroys morale and productivity. Timely filling of frontline vacancies in and of itself would improve results with clients, improve morale, and produce a sense of satisfaction in the work.
- Competitive salaries
 - All HMOs, PPOs and private practice pay more to clinical positions. Workers are leaving.



Thank you
