

Name: Maintain Adequate staffing of Frontline Workers.

Support frontline workers – nurses, doctors, and therapists. We have been thanked in words for our dedication during the pandemic but punished in action by not supporting us with appropriate, safe staffing levels. In my 22 years at NYCHHC, I have seen this ‘policy’ repeat itself to end in disaster time and time again. Administrators have the idea that they can save money by not rehiring when staff leave. This means that remaining staff must take on the patients of the person who left. This exacerbates existing overload and burnout and leads to more staff leaving. Still no rehire, so again, the remaining staff take on even more. This leads to more staff leaving. It continues to the point that there is not enough staff and intakes must be slowed or stopped and this means a loss of revenue rather than savings, and it means less people can get treatment that they need.

This ‘policy’ is even more out of touch now, as providers are easily able to transition to private practice online without even the expense of an office. We are finding it harder to rehire even when it is authorized because we pay so low and the caseloads are so high. We have lost a too many excellent and dedicated providers, including staff of color, multi-cultural and multi-lingual staff. We need to be recruiting, retaining, and promoting this people, not discouraging them from working at NYCHHC. We need fairly determined safe caseloads and a policy of rehiring when staff leave rather than using that as an excuse to get existing staff to ‘do more’. This also impacts patient care, as many patients recently lost long term PCP, psychiatrist, and therapist all at once. People who were stable and known by their providers are falling through the cracks and becoming sicker. This is an unacceptable cost in the health and well-being of staff and patients and also leads to greater health care costs as diseases progress and people need more hospitalization and medication. This needs to be taken seriously and providers need to have input as to what constitutes a safe and manageable case load. Moreover, the case load can’t be an across the board one size fits all. Many factors impact each providers caseload capacity uniquely, including: type and severity of problems, age, need to collaborate with other agencies (such as with children), complexity of interconnected problems, and available supports.