

Recommendation 14

Make sure qualified, trained frontline staff are available 24/7 for individuals experiencing crisis, and that these staff have the appropriate compensation, support and caseloads to provide the best services possible, no matter the time of day.

Introduction

In January 2021, DHS administered a public engagement feedback survey to collect input on 16 recommendations generated by the [Crisis Response Stakeholder Group](#). In this report, the overall response numbers and a summary of respondents' comments are described. This report summarizes the feedback on Recommendation 14. Then, we provide a deeper dive into the specific suggestions and concerns respondents provided, along with quotes that help to illustrate these comments.

Recommendation Description

Recommendations were briefly described in the survey, while more detail was provided in the Recommendations PDF document. Survey takers had the ability to download the PDF before starting the survey but we do not know who took this step or not. Both descriptions are included below.

Recommendations Document

Make sure qualified, trained frontline staff are available 24/7 for individuals experiencing crisis, and that these staff have the appropriate compensation, support and caseloads to provide the best services possible, no matter the time of day. High-quality staff (including social workers, mental health professionals and other frontline staff) are critical to a healthy, functioning crisis system. Ensuring that individuals in crisis always have access to top-notch care and support, no matter the time of day, requires that staff have manageable caseloads and are adequately supported and compensated in their roles. Burnout is far too common in the social services sector, and ultimately impacts the individuals being served. Focusing efforts on cultivating a strong workforce that is available 24/7 will enable frontline staff to meet clients where they are, provide the best services possible, and ultimately reduce avoidable calls to 911 or to law enforcement. Ideas include:

- Establish opportunities for providers, case managers and care coordinators to meaningfully collaborate. Could include cross-agency case conferencing and networking
- Increase salaries for frontline staff and/or offer other benefits (e.g., student loan payment, bonuses, incentives, more/better professional development opportunities)
- Establish policies or regulations such as county maximum caseloads and length of psychotherapy sessions to improve quality of services
- Improve support to residential provider staff to reduce reliance on police/911 to address minor onsite incidents
- Support people with lived experiences in justice systems and behavioral health systems (peers) to succeed as frontline staff, and ensure fair compensation

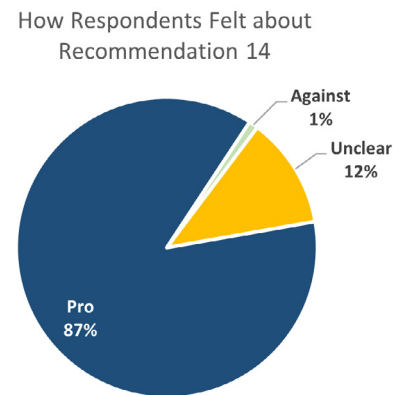
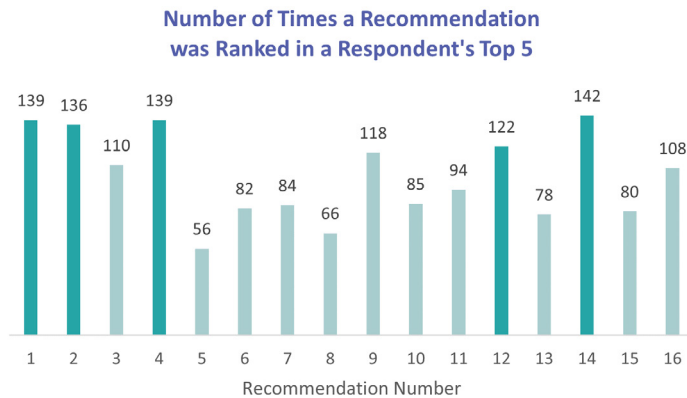
Survey

Make sure qualified, trained frontline staff are available 24/7 for individuals experiencing crisis, and that these staff have the appropriate compensation, support and caseloads to provide the best services possible, no matter the time of day. High-quality staff (including social workers, mental health professionals, and other frontline staff) are critical to a healthy, functioning crisis system. Ensuring that individuals in crisis always have access to top-notch care and support, no matter the time of day, requires that staff have manageable caseloads and are adequately supported and compensated in their roles. Burnout is far too common in the social services sector, and ultimately impacts the individuals being served. Focusing efforts on cultivating a strong workforce that is available 24/7 will enable frontline staff to meet clients where they are, provide the best services possible, and ultimately reduce avoidable calls to 911 or to law enforcement.

What do you think of this recommendation?

Number of Responses and Rankings

301 respondents wrote in comments about Recommendation 14. Responses were organized into three categories: Pro, Against and Unclear.¹ Additionally, 262 respondents ranked Recommendation 14 as one of their top 5 recommendations, making it the recommendation most commonly in respondents' top 5. See rankings and descriptions for all recommendations in the chart and table below. The top 5 most-ranked recommendations are highlighted in the chart.



16 Recommendations for Improving Crisis Prevention and Response

Rec	Description
1	Improve the quality and increase the availability of crisis walk-in centers and other services that are available 24 hours a day, 7 days a week to receive a person experiencing a crisis.
2	Improve mobile crisis options and functioning.
3	Support first responders across the county to receive needed, ongoing training.
4	Improve discharge planning from jails, hospitals and emergency departments.
5	Enhance designated phone line(s) for connecting individuals to human services so that healthcare systems, providers and discharge planners have one place to call when patients need immediate human services and supports.
6	Establish a structure and set of protocols that is responsible for overseeing and holding accountable the full crisis system.
7	Develop a system or resource with real time information on service availability (e.g., eligibility criteria, area or population served, appointment availability).
8	Increase availability of easy access, low-barrier respite centers and similar models.
9	Launch co-response teams to respond to 911 calls.
10	Develop awareness around an alternative number to 911 that people can call when someone is experiencing a behavioral health crisis and explore strategies to provide a behavioral health response to 911 calls involving individuals in crisis.
11	Increase the availability of preventative and proactive outreach supports to prevent a crisis before it occurs.
12	Address basic housing needs.
13	Establish and fund more community-led and operated crisis response models.
14	Make sure qualified, trained frontline staff are available 24/7 for individuals experiencing crisis and that these staff have the appropriate compensation, support and caseloads to provide the best services possible, no matter the time of day.
15	Develop a process to address mistrust and hurt between communities and government, including law enforcement.
16	Increase the number of Black, Indigenous and People of Color (BIPOC) behavioral health providers.

The highlighted recommendations were most often ranked in the top 5 by survey respondents.

¹ For responses were in favor of the recommendation. Against responses were against the recommendation. Unclear responses left it unclear what the respondent thought and included individuals whose comments made it seem likely that they misunderstood the recommendation as well as those who wrote comments responding to something other than the recommendation.

Summary of Comments on Recommendation 14

Respondents overwhelmingly felt that there is a need to ensure that qualified, trained frontline staff are available 24/7 to assist individuals experiencing crisis, and that these staff have the appropriate compensation and support and manageable caseloads. However, many also questioned where the funding to implement this recommendation might come from, and whether aspects of the recommendation might duplicate some existing services. Some saw opportunities to combine this recommendation with others, particularly recommendations related to staff/provider training.

Responses to this recommendation were grouped into the following categories, which are described in more detail on the following pages:²

- Compensation
- Burnout and Retention
- 24/7 Response
- Funding and Duplication Concerns
- Other Ideas/Concerns

² In addition to identifying whether respondents were in favor of or against the recommendation, each response was also assessed for themes. Responses were grouped and counted according to those themes. Some comments were assigned multiple themes and some responses didn't fit into a theme. For example, some comments were simply "Yes!" or "Good idea!" These comments were counted as "Pro" votes, but not assigned any theme.

Compensation

Many respondents emphasized the need for appropriate compensation for frontline staff, noting that:

1. **Appropriate compensation may be critical to realizing a 24/7 response timeframe.** Respondents said that a workforce that is available to respond to crisis at all hours must be adequately compensated.
2. **Appropriate compensation is critical to ensuring quality frontline staffing.** Given higher-paying opportunities in the private sector, and the particularly low compensation in the social sector (compounded by the demands of responding to crisis), respondents said that appropriate compensation is critical to the hiring and retention of quality frontline staff.
3. **Some frontline staff have to work second jobs or overtime to support themselves and their families.** Respondents shared how some frontline staff currently depend on second jobs and/or overtime to ensure their financial “survival.”
4. **Low compensation results, in part, in a high turnover rate.** Respondents noted how low compensation has an impact on the high rate of staff turnover many providers experience.
5. **Appropriate compensation is a living wage.** Many respondents said that appropriate compensation is a living wage, though there would need to be shared agreement on what constitutes a living wage.
6. **Additional burdens:** Respondents noted how the current low level of compensation for frontline staff is particularly problematic given the demands and burdens of the work, including paperwork and the safety issues they experience.
7. **Student loan forgiveness benefit:** Some respondents offered ideas for additional benefits that might be offered to staff; in particular, the possibility of student loan forgiveness was discussed.

What Respondents Said about Compensation

“Social workers are some of the most underpaid people in society. The toll that is taken on the mental health of these individuals is sorely understated.”

“Compensation is the key to keeping an efficient staff. Why would someone (e.g. a social worker) want to work for the County making \$30,000 or less a year when they can enter into the private sector and make double that amount?”

“We should absolutely focus on frontline staff. Especially direct support professionals who are underpaid and have tremendous responsibilities. Behavioral and mental health issues would decrease if we had more quality staff and were able to pay them a livable wage. The staff in my program have to work a second job or a lot of overtime to survive while they are responsible for medication administration, safety, therapeutic support - including severe behavioral and mental health crises.”

“Please pay these people! This County demands quality services but pay the workers near unlivable wages but still somehow just enough that they themselves don’t qualify for services when they need support. Properly pay and support the supporters!”

“Most of the existing system has not received any increase in funding. The capability to keep staff and enhance their skills is a dream.... Focusing on building a strong workforce starts with all starting salaries at \$15 an hour and all adjustment up from there. A study needs to be done [on this]. Frontline staff are grossly underpaid and the work is burdened by paperwork and real safety issues.”

Burnout and Retention

Many respondents emphasized the burnout that frontline staff experience, and the impact that has on staff retention, noting that:

1. **We might start by asking frontline workers what they need;** Respondents said that attempts to reduce burnout and increase retention need to involve deepening our understanding of what frontline staff want and need.
2. **Intersection of burnout and compensation:** Respondents said that the impact of burnout was felt strongly, in large part because of the low compensation offered to frontline staff.
3. **Frustration with the system:** Respondents said that staff burnout was compounded by frontline staff's frustration with the inefficiencies of the crisis response system.
4. **Training and support:** Respondents noted that a lack of appropriate training and support may be one contributing factor to the burnout frontline staff experience.
5. **Peer education:** Respondents offered peer education models as one potential way to structure training and offer support.
6. **Rotating responsibilities:** Respondents suggested that rotating responsibilities may be one way to reduce the burnout that frontline staff experience.
7. **Impact on retention:** Respondents noted how low compensation, inadequate training and support, and the emotional and mental difficulties of crisis response work all play a part in low frontline staff retention.
8. **Leaving the field:** Some respondents said that frontline staff, particularly in light of the pandemic, are not just leaving crisis response agencies, but leaving the field altogether.

What Respondents Said about Burnout and Retention

“Burnout is definitely high within this employment population, and attempts by employers to avoid this usually look like half-hearted attempts, such as doing an in-service about ways to take care of yourself. I would argue that rotating positions/responsibilities would be a better way to avoid burnout.”

“This is hard work. Not everyone is equipped to handle this level of intervention and support of others. It is often thankless work but also very emotionally rewarding. Case managers are now overworked and underpaid which causes a lot of turnover...we need to do better.”

“Absolutely! Appropriate compensation and manageable caseloads would keep staff in their jobs longer. Right now, there is more staff turnover due to the pandemic, however, staff aren't just leaving their jobs, but they are leaving the field. It makes more sense to retain existing staff with experience than to keep creating new programs and positions [that spread] funding even thinner.”

“Of course this is a goal for everyone I would think. In order to best help others, we all need to feel supported by our own company, and by other workers in the County. We should be able to rely on each other and work together to benefit the community. The burnout is real. Frontline worker pay is abysmal, and will only be worse if minimum wage is increased. These workers are expected to have advanced degrees, but the pay doesn't reflect that. It all snowballs. We want people who truly care in this profession, don't beat that fire out of them within five years.”

24/7 Response

Respondents stressed that the 24/7 nature of crisis response from trained frontline staff is critical, given that mental health crises occur at all hours of the day and often happen unexpectedly.

What Respondents Said about 24/7 Response

“It has to be available 24/7. People don’t just have mental health [crises] during normal working hours.”

“Everyone doing this work should be available 24/7 because most crisis issues happen unexpectedly with no time limits.”

“Excellent if there is really 24/7 access to prompt service.”

“Crucial. There should never be a time of day when a full spectrum of comprehensive services [is not] available.”

Funding and Duplication Concerns

While most respondents were in favor of the recommendation, many voiced concerns about where funding to support such a recommendation would come from. Some respondents went further, suggesting that aspects of the recommendation might be unrealistic, given the funding required and uncertainty about where such funding might come from. Respondents also questioned whether some aspects of this recommendation duplicated existing services – stressing the need to streamline service access and provision.

What Respondents Said about Funding and Duplication Concerns

“Seems reasonable, but as with everything else, who is going to fund this effort?”

“Sounds good but again, it comes down to funding. If the funding was there, [this recommendation] would already be in place...”

“That seems like an obvious and unrealistic recommendation. Obviously, no one wants low-quality staff. The factor that will determine getting top-notch staff is funding.”

“I think this is not possible due to the number of people required to handle people needing these services. Where will the financial assistance come from?”

“Great idea, but how would this ever be funded? Social workers obtain masters degrees and earn 40k annually, which is a gross underpayment for the services they provide.”

“Fine but streamline, streamline, streamline. Need to have a pyramid of service, starting with one number, email, website for people to go for help in everything. This is the only way government can work efficiently.”

“I think this goes hand in hand with improving the efficiency of the crisis teams. The reason that the crisis teams are inefficient is because of their caseload size, burnout rate, and lack of support.”

“Sounds redundant of the initial recommendations of emergency response teams.”

Other Ideas and Concerns

There were some ideas and concerns mentioned that didn't fall into an overarching category. These ideas are outlined below:

1. Ideas

- a. **More staff:** Some respondents noted that current staffing levels are not adequate to manage existing caseloads.
- b. **Para-professional support:** Some respondents suggested that para-professionals might be able to provide support to frontline staff and/or first responders.

2. Concerns

- a. **Trauma:** Respondents named that an aspect of supporting staff is to address the trauma they might experience as a result of their work.

What Else Respondents Said:

"You need more crisis staff. Period. You have so many people in crisis, and not enough staff. Increasing the pay of existing staff does NOTHING to address caseloads. It only causes clients in crisis to be dropped. You need more crisis staff."

"How will you support the staff and the secondary trauma they may experience?"

"I believe this should also include additional training to ensure these individuals are prepared and continue to learn how to address their own and others behavioral health concerns and crises."

"... making sure self care of staff due to stress of job is priority as well as compensation."