Being Thrown A Curveball:

How does staff turnover affect the people we serve?

Authors: Valarie Tetreault, MAPP, Director NH START,
Barb Drotos, LICSW, Clinical Director, Beverly Richardson, M.Ed., Clinical Team Leader

Abstract

Staff turnover. Every START program experiences it. During the past two years, staff retention has become a critical issue. The bigger question, however, is how staff turnover impacts the individuals we support? The therapeutic relationship is at the core of START services and the loss and change of relationship must have an effect on individuals and their teams. Does, as we would expect, staff turnover negatively impacts individuals and their teams? Does having one coordinator for an extended period produce a more positive outcome? Which teams fare better over time? Using data from the START Information and Reporting System (SIRS), we will explore these questions through a quantitative study of the effects of START Coordinator turnover, looking at the pandemic period and the two years prior to the pandemic. We will explore the correlation, if any, between high START Coordinator turnover and increased crisis service use.

We would expect stability to remain constant if START tools are delivered consistently throughout coordinator transition. We will therefore explore if the certain START tools, including the Resource Center and Virtual Therapeutic Coaching Groups, seem to be protective factors, helping to maintain stability and continuity of care through coordinator transition. We will also explore if the therapeutic relationship itself is a protective factor, both in service delivery, and in staff retention.

To provide qualitative context to the data analysis, we will conduct interviews with individuals, staff, and families to gain insight into the effect of staff turnover from their perspective. The goal is to gain insight on ways to improve staff retention and in cases where turnover occurs, how best to employ START tools to best support individuals and teams.

Acknowledgements

SIRS Data provided by:
Ginny Reding, LPC, LMFT
NCSS Outcomes and Evaluation Support Specialist

Methodology

We reviewed SIRS data on active cases during two specified time periods, the two-year pandemic period, 3/1/2020-2/28/2022, (period 2) and the two years immediately prior, 3/1/2018-2/29/2020 (period 1). We selected two sample sets, one with with single primary coordinators and one with multiple coordinators to see if there was any statistically significant difference in service outcomes between the two groups. "Multiple" cases are defined as those whose coordinator involvement indicate the likelihood of multiple primary coordinators. "Controlled" cases are defined as those with similar number of total services (aligned with each Multiple case) during the same period but having a single primary coordinator throughout services.

Sample sizes:
Period 1: Multiple = 34, Controlled = 54
Period 2: Multiple = 53, Controlled = 57

Within these groups and time periods, we reviewed and compared individual services and outcomes data. The following individual services and outcomes were included: Emergency Crisis Contacts (CC), Emergency Department Visits (ED), Law Enforcement Encounters (LE) [this data may need to be excluded, as the reporting is inconsistent], Psychiatric Hospitalizations (PH), and Living Situation Changes (LSC).

We then reviewed START services that were provided to identify protective factors and trends that we could use to improve our practice. START Services included in our review: Emergency START Resource Center Stays (Emer. SRC), Outreach Contacts (Outreach), CET and/or CSE services (CET/CSE), Crisis Follow-up (CF), Cross System Crisis Prevention Intervention Plan services (CSCPIP), all other START Resource Center Services (Gen. SRC) and Virtual Therapeutic Coaching Group (VTCG) - only during Period 2.

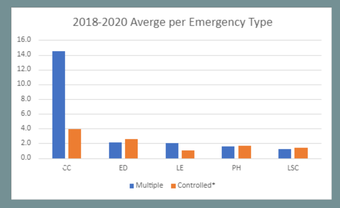
Measures for both Outcomes and Services are the average number per type per group over the two-year period

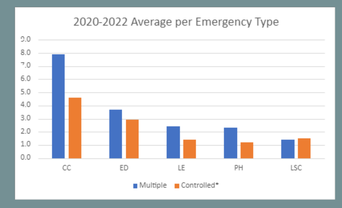
Staff, individuals, and team members were interviewed from each period to better understand their experiences in relation to the therapeutic relationship and staff turnover.

Overall observations

- Average Crisis Contacts (CC) in both periods were higher for the Multiple group than for the Controlled group, though the margin narrowed significantly in Period 2

Period 1: Multiple = 14.5, Controlled = 3.9
Period 2: Multiple = 7.9, Controlled = 4.6

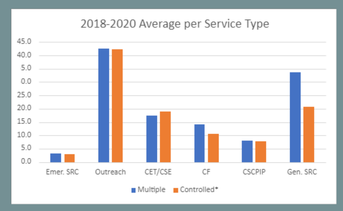


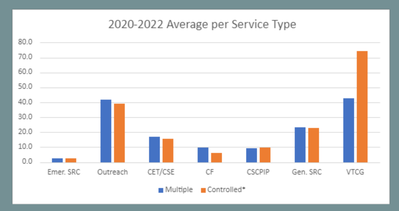


- Most other Service Outcome types were statistically similar for both groups in Period 1. In Period 2, however, Emergency Dept. visits, Law Enforcement encounters, and Psych Hospitalizations were higher for the Multiple group

- Average number of services were statistically similar for both groups in both periods, except Crisis Follow-up and General SRC services in Period 1 (these services remained higher for the Multiple group in Period 2 as well, but there wasn't a significant statistical difference)

CF: Period 1: Multiple = 14.2, Controlled = 10.5
CF: Period 2: Multiple = 9.7, Controlled = 6.2
Gen. SRC: Period 1: Multiple = 33.7, Controlled = 20.8





- Just for observation, since a comparison cannot be made between the two periods, the average number of VTCG for the Controlled Group was significantly higher than that for the Multiple Group (Period 2 service only)

Multiple = 42.5, Controlled = 74.3

***To note, the average number of all services, except CSCPIP and Gen. SRC for the Controlled group, dropped slightly from Period 1 to Period 2.

We reviewed staff turnover data for the identified time periods and the identified reason for separation. New Hampshire currently has budgetary funding for a static number of coordinators and the rate of pay is defined by this static budget. This has direct impact on salary. We maintain data on turnover rates and the reason for departure.

Period 1: 7 staff left (1 retired, 2 medical/stress related, 4 attrition); By self-report, attrition was due to job requirements, amount of administrative work, and stress of the role

Period 2: 11 staff resigned (1 medical, 3 performance related, 7 through attrition) During period 2, attrition of 4 staff occurred during their internships – the other 3 left for new positions outside of the program. By report, lack of connection due to virtual onboarding was a factor for all of the interns.

To gain perspective, we conducted interviews with staff, individuals, and their team members from each period and each group to better understand their experiences and the impact of relationship on their experience.

Conclusion: What does this all mean?

Relationship matters!

Not just for individuals and their teams, but as a major factor in staff retention.

How does this impact our practice?

While oftentimes staff retention is out of our hands, the impact staff turnover has on the individuals we support is tangible. Therefore, we must work to recruit staff whose skills and values align with those of START.

Individual/Team Impact	Staff Impact
Protective factors: • Regular and proactive outreach and check-ins with teams develops strong relationship and • Demonstrates relationship through action • CETs, CSEs, Multidisciplinary Team consultations, and Virtual Group attendance were identified as protective factors • The therapeutic relationship has a direct impact: teams are more likely to contact START and seek a coordinator proactively and utilize on-call supports if they have a solid relationship. • Long-term coordinator understands the history of the individual and the intricacies of team dynamics Challenges: • When a team experienced staff turnover and multiple coordinators, there is a tendency to reach out only when things have reached crisis stage • Implementation of the CSCPIP and other strategies weaken when teams don't have a consistent coordinator • Communication within the team often becomes fractured	Protective factors: • Flexibility, both of schedules and ability to employ telehealth as needed • Team Building activities/peer and team relationships and support • Team solidarity/support was a factor (those that form relationships tend to stay longer) • Finding creative ways to stay connected • Being able to ask for help • Regular, consistent supervision Challenges: • Pay rate is a factor • Flat structure/upward mobility is a factor (staff feel they have little growth opportunity) • Virtual onboarding was definitely a factor • Insufficient number or coordinators/having to provide case coverage – overload • Technology • Staff turnover within the individual's primary team, lack of day and residential services
Period 2 spans the COVID-era, and there was an understanding that crisis outcomes would be higher during this period. This was magnified by the fact that individuals and their teams used the START Resource Center to a lesser degree than during period 1 due to COVID related risk.	Staff retention data was measured through PERMA-V based questions posed during our annual planning retreat. Coordinators expressed much higher degrees of work fatigue during period 2, acknowledging that the current state of services and team engagement added stress to the complex role. (Retreat exercises 10/18/2021)

How do we improve our practice?

Relationship Matters!

Mitigate Impact on Teams	Improve Retention of Staff
• Build connection! Introduce coordinators, to individuals and their teams, that will be available if their coordinator isn't (whether on vacation, family/medical leave, or resignation) • Conduct a CSE, CET and/or a multidisciplinary referral • Increase outreach efforts during times of transition • During staff transition, on-call coordinator conducts regular check-ins, which encourages use of on-call and is proactive in monitoring of case • Utilize START Resource Center for support and additional assessment and input • Connect individuals with Virtual Therapeutic Coaching Groups	• Increase annual salary • Practice and model good self-care • During onboarding, foster connection between interns and certified coordinators • Increase shadowing opportunities • Increase opportunity for peer relationship building/team building • Team Leaders more strongly facilitate relationship between Area Agency and covering coordinators • Increase opportunity for role enrichment (projects, grant work, etc.) • Use PERMA-V throughout all aspects of the program • Practice gratitude as a group • Look for ways to inject joy and fun into the work