



# The Mental Health Block Grant Ten Percent Set Aside Study

## BRIEF REPORT | Staff Teams in CSC Programs

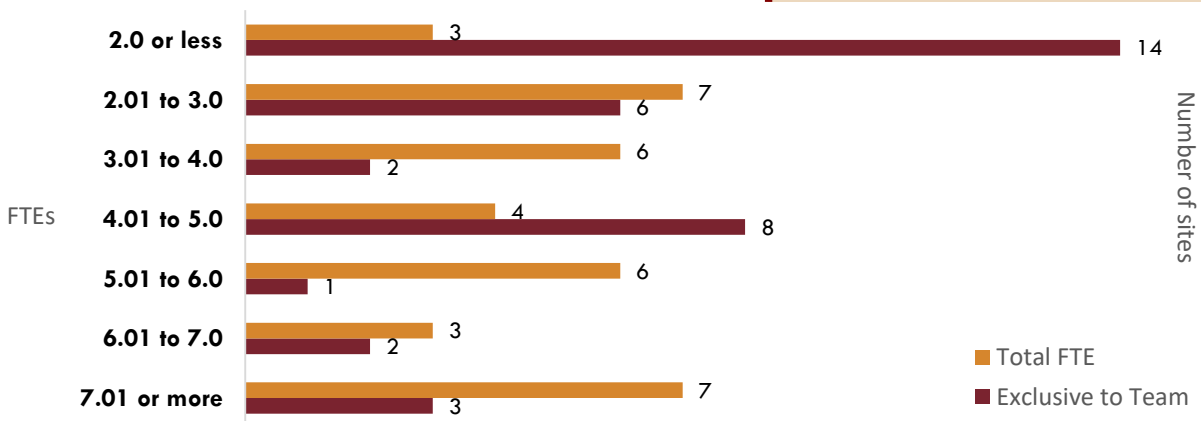
### OVERVIEW

The CSC teams are the foundation of each program's service delivery. They work directly with clients and families to provide the clinical treatment and supportive services within the CSC model. Most of the study sites structured their teams so that members worked with clients with first-episode psychosis as well as in other agency programs. This helped keep staff members fully utilized, and had the added advantage of disseminating knowledge about the CSC program throughout the agency.

**Team Size.** CSC teams with clinical contact with clients ranged from 3 to 18 staff ( $M=8$ ) at the second round of site visits. Many of these team members also worked on other teams within the agency; the number of staff working exclusively on the CSC team ranged from 0 to 10 ( $M=3.5$ ). The number of FTEs committed exclusively to the team also varied, ranging from 1 to 10.2 FTEs ( $M=4.7$ ; see Exhibit 1).

*Each CSC team is staffed with multiple positions in addition to the team leader. This includes a prescriber, case manager or care coordinator, and clinicians. Teams may also include supported employment and education specialists, peer specialists, nurses, and Individual Resiliency Training therapists, among others.*

**Exhibit 1. Total Number of FTEs and Number of FTEs Exclusively on CSC Team**



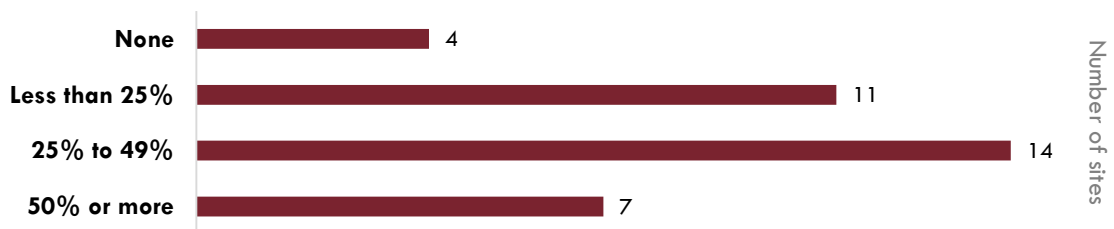
### MHBG 10% Set-Aside Study Methods

The MHBG 10% Study is a collaboration among the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute of Mental Health (NIMH), and the Office of the Assistant Secretary for Planning and Evaluation (ASPE). The study includes 36 CSC programs that were selected from among the 250 CSC programs across the U.S. that use MHBG 10% set-aside funding. Data presented in this study brief were collected during two site visits conducted between January-June 2018 and January-May 2019. Site visits included semi-structured interviews with 1) a site administrator or program director; 2) the CSC team; and 3) between one to four program participants per site.

## STAFF TURNOVER

From the first to the second round of site visits, seven sites experienced 50 percent turnover or greater, including two sites that lost 70 and 75 percent of their staff. As shown in Exhibit 2, most CSC sites (29 of 36), however, experienced less than 50 percent turnover, and four sites that had no turnover at all between the time points. Several CSC teams identified clinicians and supported employment and education specialists as those most likely to leave. In at least one site, the team has begun to plan for change as soon as they make a new hire.

**Exhibit 2. Percent of Staff Turnover From Time 1 to Time 2**



**Possible Explanations.** Team members reported that low salaries were particularly cited as a reason for staff to leave, given the clinical demands of the position compared to other community mental health programs. One other common scenario is that social workers and therapists work on the team to accrue supervised clinical hours and become licensed, then leave for jobs with higher salaries. Among programs experiencing no turnover from the first to the second round of site visits, team members attributed this to the closeness of team members and their attachment to the CSC model. Lack of other jobs in the area may also help retain staff.

“ All of the people I started with the program are gone, it's really disheartening at times ... we invest so much in training and then have to make that investment again in the next person. We've been lucky to get really highly skilled clinicians but that also means that they're in high demand and desirable to everywhere else. ”

### Reported Effects of Turnover

- **Reduced enrollment:** Having to slow or stop accepting new clients while new staff are hired.
- **Increased staff stress:** Hiring a replacement can take months, increasing stress for other team members as well as making it harder to provide quality care.
- **Reduced client trust:** Clients may have a harder time developing rapport with clinicians.
- **Lost costs:** Sites may spend as much as \$70,000 on training staff who then leaves.