

Tanager
Inspire. Empower. Heal.

Meraki
Institute of Learning
BY TANAGER

Obstacles to Opportunities:
Using Innovation to overcome barriers to recruitment, readiness, and retention

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We Are Tanager



- Our mission: To provide services to children and families that inspire, empower and heal.
- Established in 1879 - First children’s human services agency in the area
- We support more than 4,000 kids per year—primarily in Linn and Johnson counties in southeast Iowa—but all families are welcome at Tanager Place.



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We Share Your Struggles

- Staffing shortages
 - Little to no time available for dedicated training/shadowing etc
- Significant changes in types of applicants
- Significant changes in clientele and their needs
- Vicious cycle of staff turnover, critical incidents and workman's comp
- Quality, long-term staff experiencing high rates of burnout
- COVID-19 Pandemic exacerbated all of this

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We Were Trying...Not Succeeding

- 30-Day onboarding practice
 - Packet with standard checklists
 - Leaders were required to go over everything in packet and sign-off
 - Covered all roles and responsibilities
 - Wasn't specific to new staff member's role
 - Created confusion and difficult to follow -- "This pertains to you, but this doesn't"
 - Staff started in-ratio after 2 weeks of "shadowing"
- Incidents and restraints were increasing
- Staff were walking off shift or resigning
- Our treatment capacity decreased due to insufficient staffing

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A Moment of Reckoning

- “The Turn and Burn” approach wasn’t working
- Initiated full review of onboarding process and current staff satisfaction
- Staff surveys
 - All current staff completed staff satisfaction surveys
 - All past staff were contacted for exit survey

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A Moment of Reckoning

- The outcomes:
 - All staff surveys reported
 - a sense of feeling unsafe
 - as if they did not fully understand their roles and expectations
 - Staff turnover rates were at all time high 63%
 - Significant burnout reported by both veteran and new staff
 - New staff felt inadequately prepared to do their job

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A Deeper Look

- Asked more questions of current staff
- Observed managers and leaders completing “walk-throughs”
- Countless hours of attempted fidelity checks
- Additional themes were identified
 - Applicant pool and new staff no longer had bachelor degrees or comparable experience
 - Most of our new hires were just beginning college & our process was leaving a negative impact and causing them to question a career in the field.
- END RESULT: We had to slow things down & invest more in onboarding

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Obstacles & Opportunities

Obstacle: For 2 years we had been forced to go down on our number of beds due to staffing shortages



Opportunity: Vacant cottage on campus exactly like the ones new hires will be working in

Obstacle: The length of time required to get approval on fingerprinting etc caused us to lose high quality job candidates.



Opportunity: We could hire them as a candidate in training and they could complete training requirements but couldn't be around clients yet

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The Plan

- Start over!
- Create a high-quality onboarding program
- Increase “out of ratio” training time strategically to help overcome hiring barriers
- Utilize vacant cottage as Training Cottage for all training to take place
- Increase feelings of safety and competency for all staff
- Decrease burnout, critical incidents & turnover
- Improve client outcomes



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The Process: Start with WHY

- Our Mission: Provide services that Inspire, Empower, and Heal
- When we do better for staff...we do better for kids
- If we don't do this...we will not be sustainable and/or kids will get hurt



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The Process: Decide the How

A fully integrated philosophy of care



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The RISE Framework

- Grounded in neuroscience, attachment theory, restorative practices and relational approaches.
- Builds working knowledge about the impact of adverse and stressful experiences on a person's development & overall social, emotional & behavioral growth.
- Teaches a way of being with others based on relational characteristics aligned with inclusion, collaboration, & restorative practices.
- Illustrates a model for conceptualizing the overall well-being of a person in care.
- Offers individual, group, & system level interventions & resources for responding during times of stress & adversity which offer dignity, respect, trust, and care.

RELATIONSHIPS

The elements for engaging in authentic relationships rooted in emotional intelligence

EXPERIENCES Understanding the influence of life experiences on brain function

THE YOU INTERVENTION Cultivating personal insight to offer a centered expression of self

CHARACTERISTICS Applying practices of intentional engagement

INDICATORS OF WELLBEING

The conditions for fostering a sense of psychological wellness and resilience

SAFETY Establishing physical, emotional, and psychological security

CONNECTION & BELONGING Inviting inclusion, collaboration and cooperation

MEANING & PURPOSE Creating fulfillment through contribution and significance

EFFICACY Empowering capability through encouragement and perseverance

SOCIAL & EMOTIONAL DEVELOPMENT

The skills for developing regulatory interactions with self, others and the world

AWARENESS Developing and applying awareness and insight

AFFECT MANAGEMENT Responding to affective states and regulating emotions

RELATIONAL RHYTHMS Building and maintaining adaptive relationships

HEALTHY CHOICES Using whole brain integration to guide decision-making

ENHANCEMENTS

The experiences for integrating the whole person

BODY Nurturing one's physical vessel

MIND Maturing one's thoughts, feelings and beliefs

SPIRIT Connecting to higher energy

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The Process: Define the What

- 30 day “out of ratio” comprehensive onboarding program would be utilized
 - Include all required trainings (CPR, First Aid, Mandt, Ukeru, Mandatory reporting, etc)
 - Include full orientation to the RISE Framework
 - Would include a mixture of classroom learning, experiential learning, debriefing
 - Would be assessed by competency

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The Process: Create Tools & Set-up Training Cottage

- Tools Created
 - Inpatient Onboarding Checklist-Specific to each role
 - Training curriculum ppts & workbooks
 - Quick reference tools for key skills
 - Visual tools for placement in cottages
 - Competency measurement tools
- Training cottage
 - Set up to look exactly like any of our other cottages on any given day. Staged rooms, staged bathrooms, staged book bags, etc
 - Dining room was setup as the training hub with computers, monitors, and ability to present training curriculum

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Implementation

- Effective immediately
- All staff hired within last 30 days and all staff moving forward
- Rotate between Simulator Learning, Shadowing, & Debriefing
 - Staff will work on their classroom trainings, simulation trainings, and role plays followed by shadowing the floor for 7 days
 - After 7 days, staff return to training cottage and process through all the of situations they encountered and connect it back to their learning
 - We process and debrief how it could have went differently



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Onboarding Week 1

Day 1: Introduction to Tanager

- Meeting staff
- Learning policies
- Introduction to electronic systems
- Campus tours

Day 2: RISE: Wellness and Resilience Framework

- Learning the Tanager philosophy of care
- Program and client handbook
- Understanding the integration between the framework and day to day programming, staff behaviors and responses
- Sharing the WHY for all documentation, client record requirements, licensing standards, accreditation standards etc

Day 3: Person-Centered Documentation & Preparing for Community Outings



- Learning person centered and non-violent communication practices
- Detailed documentation training in the EHR including lots of practice documenting scenarios
- Understanding the importance of Community Outings, client's rights and how to offer adaptive experiences to youth
- Role playing: How to engage in relational interactions using person-centered, non-violent communication



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Onboarding Week 1



- Day 3: Person-Centered Documentation & Preparing for Community Outings**
 - Learning person centered and non-violent communication practices
 - Detailed documentation training in the EHR including lots of practice documenting scenarios
 - Understanding the importance of Community Outings, client's rights and how to offer adaptive experiences to youth
 - Role playing: How to engage in relational interactions using person-centered, non-violent communication
- Day 4: Live Hands-On Practice**
 - Simulator practice and role-plays
 - Demonstrate, teach, practice, repeat
 - Searches of rooms/property
 - Heightened scenarios and crisis situations
 - Supportive use of Walkies*
 - Routines, schedules, norms-WHY, how to maintain, how to re-direct
- Day 5: Shadowing Begins**
 - Check in/review/questions
 - Shadowing in cottage (up to 4 hours)
 - Debriefing shadow experience with assistant manager

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Live, Hands-on Practice

- **Active Role-Playing Scenarios** with Clients in all States
 - Baseline clients
 - Heightened clients
 - Shut down clients
 - Escalated clients
- **Communication & Metacommunication-teach** and practice communication with clients based on our therapeutic framework
- **Environmental Awareness-** additional staff are used to stage situations within different areas of cottage
 - Practice Scanning Environment and body positioning
 - Practice communicating from different areas
 - Practice challenging situations in "active cottage" setting
 - Escalations and challenging behaviors

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Onboarding Weeks 2-4

Onboarding Checklist

- Hands on training of all job tasks, responsibilities, skills, and competencies with assistant cottage supervisor
- Demonstrate/model, Assisted completion, independent practice

Weekly 1 on 1 meetings



- Assistant Manager
- Cottage Supervisor

End of Week 2

- Back to Training Cottage for De-briefing

End of Week 4

- Back to Training cottage for de-briefing
- Cottage supervisor and assistant manager signs off on successful completion of 30-day onboarding
- Last shift of non-ratio onboarding






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Measuring Competency

- Competencies are measured through observational and self ratings
 - Basic Knowledge
 - Developing
 - Skilled

Competency Scale: 0 – NA 1-Basic Knowledge 2-Developing 3-Skilled				
Documentation				
These skills are focused on teaching staff to complete accurate documentation				
Skill Trained	Initial Observation	Completed with Assistance	Completed Independently	Final Score
<input type="checkbox"/> Able to open a client record on Welligent				
<input type="checkbox"/> Able to review basic client information on Welligent				
<input type="checkbox"/> Able to navigate to Cottage home screen				
<input type="checkbox"/> Able to complete Daily Observation Note				
<input type="checkbox"/> Complete Bed Checks on Welligent				
<input type="checkbox"/> Able to complete incident module <ul style="list-style-type: none"> Accident Injuries Peer to Peers Restrictive Intervention Elopement/Allegation 				
<input type="checkbox"/> Able to complete work order form				
<input type="checkbox"/> Able to complete Mentoring Moment form				
<input type="checkbox"/> Able to complete RAP Plan				
<input type="checkbox"/> Able to complete Elopement Debrief form				

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Measuring Competency

- **4 Month Goal:**
 - Rating of Skilled for all competencies
- **If Rating of Developing:**
 - Collaborative conversation about barriers, unmet needs, challenges, etc. Develop plan between staff and leader for how additional training/support will be offered
- **If Rating of Basic Knowledge:**
 - Same as developing
 - Mentoring engagement-Staff gets to choose a mentor from list of qualified candidates
 - Continue weekly 1 on 1 meetings with Asst. Manager, Cottage Supervisor, Mentor, sometimes Manager

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Measuring Change & Outcomes

- **1st Quarter Outcomes**
 - Staff satisfaction increased by 3.5%
 - Retention increased by 50%!
 - Staff demonstrated more proactive vs. reactive actions and behaviors
 - Staff reported feeling more confident in their abilities
 - To carryout programming
 - To respond to crisis on the floor
 - Staff reported increased feelings of safety
- **Staff Survey Responses**
 - “This would have been so helpful when I started”
 - “It’s like we’re really in the cottage working”
 - “I feel way more safe after going through this and like I actually know what I’m doing now”
 - “Why didn’t you do this sooner?”

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Measuring Change & Outcomes

- Staff Survey Responses
 - “This would have been so helpful when I started”
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 - “I feel way more safe after going through this and like I actually know what I’m doing now”
 - “Why didn’t you do this sooner?”
- New norms and beliefs surrounding staff surveys developed.
 - Staff and leaders take them very seriously
 - Participation in surveys has increased
 - Transparency has increased

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Continued Growth & Development


- Mentor Committee
 - Staff are recognized as a leader within Milieu and staff co-hort
 - Monthly development meetings
 - Collaboratively/independently driven topics
 - Topics Include
 - Leadership strategies
 - Crucial conversations
 - Team Building


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<h2 data-bbox="522 739 1036 827">Thank You!</h2> <p data-bbox="393 856 1247 886">Brooke Mohs, BA Inpatient Operations Manager bmohs@tanagerplace.org</p> <p data-bbox="393 894 1247 924">Jennie Null, LMFT, RPT-S Institute of Learning Director jnull@tanagerplace.org</p>	

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