

Kelly Morehouse-Smith, M.A., LMFT, Family Well-Being Director, [KMorehouse-Smith@CCRCCA.org](mailto:KMorehouse-Smith@CCRCCA.org)  
 Child Care Resource Center, Chatsworth, [WWW.CCRCCA.Org](http://WWW.CCRCCA.Org)

## Project Description

I wanted to address high staff turnover to improve staff morale and provider consistency for clients. I believed I could do this by implementing reflective/clinical supervision and a focus on staff self-care.

### Problem Statement:

Staff turnover impacts client care, client satisfaction, staff morale and the agency's bottom line. It contributes to poor client outcomes and threatens contract compliance.

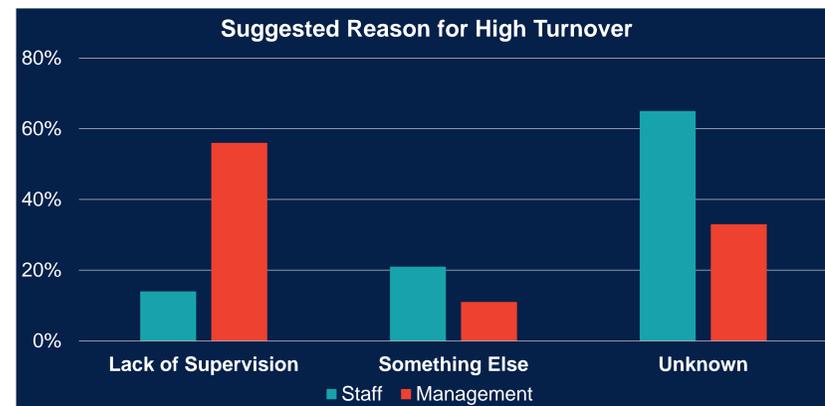
### Discovery:

My new employer wanted me to address the high turnover rates in the Home Visiting program. The initial assumption was that turnover was the result of lacking clinical supervision and oversight.

I developed an initial mission model and interviewed 38 people.

I was surprised that not many staff at the program level believed that turnover was due to supervision issues although they did not have any additional ideas about the cause of high turnover. That theory was primarily contained within the Management narrative.

Based on my interviews and research and a turnover rate that abruptly stopped in my first 9 months, I refined my solution to address overly-restrictive department-specific rules designed to govern staff behavior rather than focusing on safety, client care and contract compliance. The former was perceived by staff as disrespectful micro-management that negatively impacted staff morale, potentially leading to turnover.



### Goal:

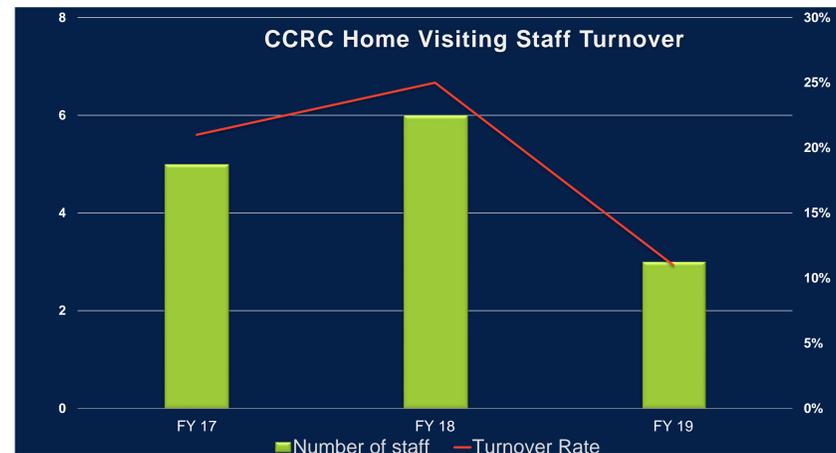
The goal is to improve the program's retention rates to provide consistent care providers to clients. In turn, this will provide more consistent services to clients.

### Outcome-oriented Objective:

Reduce annualized turnover rate within the Home Visiting program from 25% to 15% within 1 year.

## Results

### Turnover Rates:



### Client Visits:



## Lessons Learned

- The project was successful in that annualized turnover rate was reduced by 14% in the first year and we saw a 32% increase in the number of completed client visits.
- If I were to do anything differently, I would start with the interviews and formulate my own initial theory.
- I learned that perception is reality and how we lead staff is what makes or breaks a program.
- I would recommend anyone trying to implement this to examine all department/program specific rules that are over and above standard agency policies and procedures. Focus on safety, client care and contract compliance rather than staff behavior.
- This project refined my focus for how I lead. It gave me more insight into how staff respond to perceived micro-managing and a perceived lack of trust from their supervisor.

### Next Steps:

- The project is ongoing. Staff retention is an issue that requires regular monitoring. I will, however, implement available/optional clinical consultation and a renewed focus on staff self-care and creating an environment that welcomes staff input and ideas.

## Mission Model Canvas

<b>Key Partners</b> <ul style="list-style-type: none"> <li>VP COO</li> <li>Human Resources</li> <li>Division Directors</li> </ul>	<b>Key Activities</b> <ul style="list-style-type: none"> <li>Train supervisors in Reflective Supervision</li> <li>Train staff in Vicarious Trauma/Compassion Fatigue</li> <li>Schedule Clinical consultation</li> <li>Self-care at staff meetings</li> </ul>	<b>Value Propositions</b> <ul style="list-style-type: none"> <li>Contract Fulfillment</li> <li>Provide services to more clients</li> <li>Support and compassion for staff</li> <li>Consistent service providers for clients</li> <li>Improve client care</li> </ul>	<b>Buy-in &amp; Support</b> <ul style="list-style-type: none"> <li>1:1 Meetings w/existing manager and her direct reports</li> <li>Meeting with VP/COO</li> <li>Meeting with HR VP and HR Specialist</li> </ul>	<b>Beneficiaries</b> <ul style="list-style-type: none"> <li>Agency that is unable to fulfill contracts due to lack of trained staff</li> <li>Managers whose job is made more difficult when staff turnover is high</li> <li>Staff who want to feel supported in the work that they do</li> <li>Clients who feel comfortable with their service provider and do not want to change providers</li> </ul>
<b>Key Resources</b> <ul style="list-style-type: none"> <li>Licensed, clinical staff</li> <li>Training on compassion fatigue and vicarious trauma</li> </ul>			<b>Deployment</b> <ul style="list-style-type: none"> <li>Weekly reflective supervision</li> <li>Available Clinical consultation</li> <li>Focus on staff self-care</li> </ul>	
<b>Mission Budget/Cost</b> <ul style="list-style-type: none"> <li>Staff training in Compassion Fatigue/Vicarious Trauma – approx. \$5,000</li> <li>Clinical consultation - \$2,000/month</li> </ul>			<b>Mission Achievement/Impact Factors</b> <ul style="list-style-type: none"> <li>Reduce annualized turnover rate from 25% to 15% by June 2019 – <b>COMPLETED</b></li> <li>Fulfill a minimum of 95% of contract service benchmarks by June 2019 - <b>COMPLETED</b></li> </ul>	