TANDYM

Presentation for:

the Network
Supportive Housing Network of NY

Today

What we’ll focus on

1. Where the pressure is
2. How vacancies affect people
3. What support can look like
4. Where to start

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Program Changes Create Workforce Pressure

A new requirement, funding shift or change in service demand, does not stay on paper—it changes the people, schedules and coverage every location needs.

Different Needs By Location

- The right staffing plan starts with the population, census, schedule and work at each site.
- Seven locations can create seven different staffing challenges.

More Pressure On The Team

- Open clinical and behavioral health roles shift caseloads as well as crisis coverage to the existing team.
- That is where burnout and turnover begin.

Residents Feel The Disruption

- Less continuity can mean delayed appointments, interrupted follow-up and fewer trusted relationships.
- The impact reaches residents, families and the broader community.

How We Take Pressure Off

We do not treat every location like one staffing challenge. We build the plan around each program, the population it serves, and the roles required to operate.

Learn

Each Location

- We meet the people closest to the work and learn what is different at each site.
- We map census, schedules, community needs and roles tied to program requirements.

Build

The Right Clinical Mix

- We recruit across Nursing, Therapy, Behavioral Health, APP/Physician and Clinical Support.
- We screen for population experience, environment and the realities of the role.

Support

Coverage That Can Last

- We use per diem, temporary, temp-to-perm or direct hire based on the actual gap.
- We maintain a pipeline so one vacancy does not become a program disruption.

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“Our Tandym partners are incredibly responsive and have been providing us with top talent over several years.” - *VP of Recruiting, Nonprofit Organization*

A Vacancy Does Not Stay In HR

When a clinical or behavioral health role stays open, the impact moves quickly—from the remaining team, to the program, to residents and families.

Where Gaps Start

- Nursing & Clinical →
- Behavioral Health & Peers →
- Case Managers →
- Overnight & Direct-Care Staff →

When a role stays open, that work shifts to the rest of team.

What Happens Next

1. Higher caseloads, overtime, and crisis coverage for the people who stay.
2. Appointments, documentation and follow-up become harder to protect.
3. Residents and families experience delays, handoffs, and less continuity of care.

A Better Workforce Plan

The right answer is not always another full-time hire.

We look at the gap by program and location, then use the coverage model that protects care now and builds stability over time.

Cover The Need Now

- Per diem or temporary coverage for immediate gaps and leaves.
- Temp-to-perm or direct hire when the role needs a long-term match.

Build Stability Over Time

- We interview candidates to understand the communities and challenges they have supported, ensuring their experience aligns with the specific needs of your program and the location and communities it serves.
- Local recruiting focused on commute, schedule, and population fit.
- Provider engagement and conversion planning to improve retention.
- A ready pipeline so one vacancy does not disrupt the program.

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We Screen For The Work — Not Just The Résumé

Before a candidate reaches you, we screen for clinical skill, population experience, and the realities of the program.

S

Setting

Program type, resident population, location, schedule and team structure.

“Where have you done this work?”

T

Task

Caseload, documentation, crisis response, and clinical responsibilities.

“What were you responsible for day-to-day?”

A

Action

How they engage residents, coordinate care, and respond under pressure.

“How did you handle a difficult moment?”

R

Result

Evidence they can deliver continuity, build trust, and stay.

“What changed because of your work?”

Case Studies

Two engagements with one supportive housing organization serving all five boroughs and Westchester.

Clinical Coverage

- **Challenge: IDD-experienced nurses and clinicians for hard-to-fill sites in South Brooklyn, Staten Island and Westchester.**
- **What we did: Visited each of the sites, learned the environment, and assigned recruiters who knew the population and roles.**
- **Result: 14 RNs, 6 LPNs, 4 Social Workers and 3 Care Managers placed in six months.**

Program Operations

- **Challenge: Facilities, finance and grant roles required to keep programs operating and funded.**
- **What we did: Met each hiring manager and targeted professionals with supportive housing experience.**
- **Result: 2 Facilities Operations Managers, 1 Accountant, 1 Controller and 3 Grant Writers placed in two months.**

Where To Start

A Practical First Step

1. **Map the pressure**

   Show us where coverage, caseload, or turnover is putting the program at risk.

2. **Build the right model**

   Match each location to per diem, temporary, temp-to-perm or direct hire solutions.

3. **Create continuity**

   Build a ready pipeline, and adjust, as your programs and staffing needs change.

To discuss one program or location:

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