Quality and Value-Driven Leadership:
FOCUSING ON IMPLEMENTATION AND OUTCOMES
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Goal of the Workshop

Set the conditions and provide supports to Behavioral Health Organization Leaders in the continuing mission to transform their organizations into outcome and value-driven organizations that utilize EBP more effectively.
Discussion: Leadership challenges to Effective practice Implementation?

- What are your biggest challenges to effectively implement practices in your organization?
- Are you willing to adopt specific management strategies to support effective EBP implementation?
- What are your three biggest priorities regarding Practice implementation in the coming year?
The Message is Movement
Policies, Procedures, Culture and Rewards in an Organization should support be connected to the Mission, Vision and Values of the Organization, which should be in tum connected to the facilitation of Quality-Driven Outcomes for Children and Families.
Going Beyond Words

Three Components of Organizational Culture which impact the ability to be Quality-Driven, Innovative, and Improvement Oriented:

- **Artifacts**: Visible, Easily Obtained info, operational etc., concerning org. Priorities
- **Espoused Values**: What an Org. Professes to hold dear
- **Basic Underlying Assumptions**: Historical, Cultural, possibly not entirely clear or conscious

How well do you understand the impact of these?

Key Behaviors of a Quality-Driven Organization (Cowdy, Rapp, & Poertner, 1993)

- Venerating the people we call clients
- Creating and maintaining the focus
- Healthy disrespect for the impossible
- Learning for a living
The Inverted Hierarchy (Rapp and Poertner, 1992)

Desired Outcomes for People with Behavioral Health Need(s)

- Direct service staff
- Supervisors
- Managers
- Senior Leaders
Abide by an Inverted Hierarchy

Remove barriers to the people above you being able to carry out vision, mission, and achievement of outcomes

Allow people to question any aspect of the organization – “Does it make sense?”

Either be able to communicate it or change it
Contextualize the Mission

- Staff, not just management must understand:
  - The Role of the organization in the overall universe of Behavioral Health Providers in California
  - Who your customers (organizational customers) are, and what the Policy, environmental, political and financial drivers are that impact their behaviors, goals, and values
  - It does not help if staff see the County Behavioral Health Department as just “The County”...too simplistic
  - Educate your staff, and yourselves, concerning the complexity of operating in a managed care environment
  - Are you ready to operate in a non fee for service environment?
Our system does not operate in isolation:
To what degree does staff understand that and their role to play in that system?
Can we talk about Value?

The Deming Chain

- Improve Quality
- Decrease Costs
- Improve Productivity
- Decrease Prices
- Provide Employment
- Stay In Business
- Increase Market
- Return on Investment
Strategies for Implementation

Framing and focus:
- Continual focus on outcomes
- Training is essential but not sufficient
- What are the resiliency, family-support and “dedication to thriving” personal and family outcomes that our work is always focused on?
- Do we know “what it will take” to facilitate ongoing competency development, adherence and sustainability to the practices we know will facilitate the outcomes we seek?
Common Outcomes

- Housing
- Employment
- Education
- Reduce Hospitalization
- Reduce Symptoms
- Re-unite Families
What People Want

- Safe place to call home
- Economic stability
- Role with meaning, purpose, and valued identities
- Connection with family
- Connection with the community
- To love and be loved
- Feel safe
- Support to stay well
What is the outcome area you are most passionate about improving?
Learning from EBP Implementation

The organizational design must be structured to support the practice.

The role of the supervisor is critical

Training by itself is worthless. Mechanisms that support skill development are critical

Leadership drives continuous quality improvement
“We often need to strip away the complexity of our approaches to find the simple ways of helping people navigate a complex world.”
Input from people receiving services

Simple but clear messages regarding resiliency and family-directedness

Posted prominently throughout the organization

Everything evaluated in light of vision and mission
Clear and specific outcomes: indicators of whether you are moving in the right direction

- Only collect data you are going to use and that can make a difference in the lives of the people you serve
- Share data with staff and use to generate continual learning about how to improve outcomes
- Post your outcomes prominently (even if they are not great)
Hire the Right Staff Who Can Do This Work

Attitude is key

Invest in those who want to learn

Get rid of those who don’t
Strengths-Based Competencies for Leaders

- Catalyst for Creation of Learning organizations.
- Models person-centered values.
- Encourages and supports staff to improve outcomes for people receiving services, and provides resources to do so.
- Actively involved in Organizational goal setting and progress monitoring.
- Gives consistent feedback on quality of work.
- Celebrates successes with staff on a consistent basis.
- Identifies and builds on the strengths of departments and individuals.
Cross-Cutting Leadership Behaviors

- Strategic Thinkers
- Invested in Continuous Quality Improvement
- Constantly facilitating discussion, feedback, and evaluation of progress
- Constantly working to improve an EBP Sustaining culture in the organization
Concrete Strategies to Support Effective EBP Implementation

- Get rid of all paperwork that is internally generated that doesn’t affect outcomes or important workflow communication that leads to improved outcomes.
- Allow for temporary reductions in productivity to support the time and effort invested in new learning and competency development.
- Never forget the goal you are trying to achieve, so you don’t become subservient to the practices, tools, and methods you are doing. Practices, tools, and methods WILL change. USE the outcome measures to inform decision-making.
Concrete Strategies (Cont.)

- Free up supervisor time to support staff to build skills. Learning needs to be in-vivo in addition to in the classroom or the training venue.
- Create a mechanism (e.g. Strengths Model Core Competencies Evaluation tool) to gauge the process of professional development based on the skills sets needed to master the practice.
- Get rid of staff who can’t or don’t want to learn the skills. They take time and energy away from the staff that do.
- Hire supervisor that are willing to learn the same practices, tools, and methods as their staff.
Concrete Strategies (cont.)

- Hold supervisors accountable to improving outcomes that meet the vision and mission of the organization. Their evaluation will be based largely on the achievement of outcomes for their team.

- Executive Level Staff hold themselves publicly accountable to improving outcomes that meet the vision and mission of the organization.

- Make our organizations inviting and welcoming. Would you want help here? If not, change it.
Mentoring

It is difficult for people to learn new skills and provide service at the same time.

Mentoring provides a mechanism to teach and shape practice behaviors in-vivo with clients.

While mentoring focuses on individual skills and methods during a single session (e.g. using the Strengths Assessment, Personal Recovery Plan, motivational interviewing, etc.), the overall goal of field mentoring is to help the practitioner build a body of skills that helps clients make progress in their recovery.

For mentoring to be effective, it needs to become an ongoing process of learning between the practitioner and the supervisor.

Carlson, Goscha, & Rapp, 2016
Citations


Thank You!
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