

# Leadership in an Era of Science & Implementation

Michael Stoltz, LCSW, Executive Director  
Clubhouse of Suffolk  
*Michael.stoltz@clubhouseosuffolk.org*



*“Dignified Programs of Psychiatric Rehabilitation”*



***The  
Prototype  
for  
Leadership***

# Dr. Hogan's Charge...

- Ohio, other research:
  - *“There is no clear connection between outcomes and any pattern of service”*
  - *“We don’t know how to do this... (re: SAMHSA: define a program path to ‘enabling a meaningful life’)*

# “Ten-hut!!”

- “R&R to the front!”
- “Same old way of doing business to the rear!!”

PROS represents our opportunity to answer Dr. H’s charge...Can services be relevant and meaningful for people pursuing recovery?



# **Taking Inventory: Are our eyes on the right target?**

## **Not Infrequent Comments from PROS Consultations**

- ❑ ***“How do we motivate our Members/Consumers/Clients/Participants toward having goals?”***
  - ***“We have a lot of older folks (i.e. over 50). They have no interest in work...or anything other than drinking their coffee and smoking with their friends here”***
  - ***“Why force m/c/c/p to change? It’s not right”***
  - ***“We take people right from the hospital...they’re too sick for rehabilitation”***
  
- ❑ ***“We fear losing the experience of our staff if we push them to change their practice”.***
  
- ❑ ***I (or our CEO) plan to retire in a few years. This is a whole lot of change that (he/she) can’t take on”***
  
- ❑ ***“The club and the treatment people are on two sides of the agency. We don’t respect each other...let alone talk to each other”***
  
- ❑ ***“Can you make money in PROS?”...“How many people did you lose when you converted?”***

# My Fear: NYSCQC 2006 Report on CDTs

## **Executive Summary:**

*“The Commission’s current review found wide variability in the quality of services provided, not only throughout the state but also within individual programs. Services ranged from those which were creative, individualized and beneficial to recipients to those which engaged recipients in meaningless activities providing little therapeutic value. Some programs even allowed recipients to wander halls or sleep throughout the day. Perhaps most disturbing was the poor quality of treatment planning evident in many of the programs visited. The quarterly revisions of these plans often demonstrated no meaningful consideration of treatment needs, but rather were rewordings of previous plans, with the same objectives or the same objective with changed attainment criteria. Commonly, treatment plans failed to address significant life events that consumers were wrestling with, such as the death of a loved one, divorce, or the loss or regaining of custody of a child.*

*Equally disturbing was the lack of fiscal accountability throughout the programs reviewed. The Commission examined 1,100 claims billed to Medicaid and found that a significant number of the claims reviewed did not have the proper documentation to support the billing to Medicaid.”*

# Qu: Why do some leaders get it...while others don't?

- Programs/Agencies/Facilities that embrace human potential vs. those that manage “cases”?
  - Why do some programs achieve Work, health, relationships, opportunity outcomes vs. those that focus on maintenance/lifetime stabilization goals?
  - Hospitals that eliminate R & S, use trauma-informed care models like sanctuary model vs. those that “treat everyone the same”?

Why can some programs, but not others...

- Recruit and hire people in recovery in meaningful positions in order to inspire and teach recovery?
- Recruit and engage and develop people in recovery onto Board and leadership positions?
- Attend to “Whole Health & Whole Lives”?

# The PROS “Opportunity Menu” is rich!!

## The Art: “Recovery Highway”

*(Navigating Relationships)*

- Promoting/Find Hope
- Building Trust/Credibility
- Person-First Processes
- Engaging Person with Family, Providers, Collaterals
- Understanding trauma
- Use of Self
- Humor, Creative Arts
- Understanding Dimensions of Culture

## Critical Variables

Technology

Finances

Leadership

Political Will

## The Science:

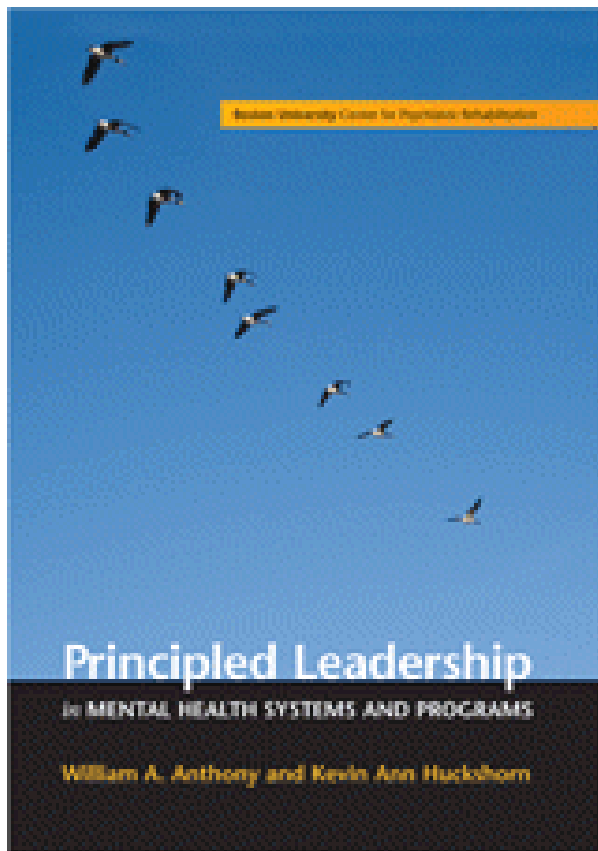
*(Reducing Disability)*

- Eliminating/Reducing Symptoms
- Diagnosis of Disease
- EBP Treatment & Meds
- Co-Morbidities
- EBP Rehabilitation Interventions
- Employment, education
- Quality of Life
- The Impact of:
  - Development/Age
  - Trauma
  - Learning Disabilities
  - Cognitive Impairments
  - Learning Styles

# PROS is hard work!!

- Regs & Documentation
- Corporate Compliance
- QA Processes
- QI Commitment
- Producing OUTCOMES
- Finances
- A good menu of services
- Staff committed to human potential and resilience
- etc...

# PROS calls for principled leadership!



**Anthony and Huckshorn: What principled leaders do...**

**But...How do we help decision-makers (CEOs, COOs, and CFOs) change (esp. when our ideas are outdated)?**

# **Leaders get stuck, too!!**

## **(...and need help to get out of our box!!)**

- Top management people are over-immersed in a box of risk management processes:
- **My “regular” day...**
  - Special Review
  - Incident Review
  - Personnel – Employee discipline, firing...
  - Corporate Compliance
  - Corporate Compliance Oversight
  - Finances – payroll, budget, cashflow, credit, debts, reserves...
  - Dashboard reports on performance
  - Fund Raising
  - County & State gov’t issues (contracts, funding, responsiveness)

# My best days...

- Eat lunch with members and have hallway conversations
- Open Door – when members come in! (complaints too!!)
- I meet the new members
- MAB meetings
- Employment Dinners
- I meet with direct care staff for clinical supervision – opportunities to teach!
- Sharing celebrations, social events...and sad events too!

# Leading a program mission-based in R & R is not just business...it's deeply personal

- Cultural component (ex. Tsedukah!!)
- Genetics?
  - BU Studies on MH leaders:
  - Sophie, Sam, Philip, and Me!
  - My programs could be for my kids!!
- I remember the “the 1 in 7” lifestyle (Today’s poverty rate)
- Working the “3 Fs”



# Responses to the Commish

Join our advocacy...

- The “recovery bar” is constantly evolving:  
We need a long-term commitment to support our programs and MH workforce.
  - Life-long learning and Support for innovation...NOT just implementation
- Time, technology for good medical collaboration

*Ultimately, PROS is not a route to  
Financial and Compliance  
Heaven...*

- Were your IRPs all signed within the required timeframe?
- Did 100% of Progress notes meet the regs and your compliance standards?
- Did you properly cross Medicare to Medicaid

It is about..

Did we help people to find and live their view  
of a meaningful life?\*

(\*credit to SAMHSA)

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It IS about an opportunity to make  
an imprint on our Legacy

- **“The Dash”**: A Genealogical Poem by  
Linda Ellis

