

Strengthening the Leadership Pipeline

The Experience to Date of the Inaugural Cohort of Blue Shield of California Foundation's Clinic Leadership Institute

October 2010

INTRODUCTION

As many tenured nonprofit leaders prepare to transition out of leadership roles, studies predict an approaching gap in the leadership pipeline. They report that a limited number of "next generation leaders" are ready and eager to accept senior leadership positions. This impending gap is evident in the community clinics field, as well as the broader nonprofit sector.ⁱ

In response to leadership challenges and needs in the clinics field, the Blue Shield of California Foundation (the Foundation) has partnered with the Center for the Health Professions at the University of California, San Francisco (the Center), to design and implement the Clinic Leadership Institute (CLI). CLI is an 18-month leadership program designed to prepare next generation leaders to move into executive leadership positions within 5 to 8 years to help sustain a strong and vibrant California community clinics system. The Foundation is investing \$10 million to support 5 CLI cohorts, the first of which was launched in 2008.

The Foundation contracted with BTW *informing change* to conduct an ongoing evaluation of CLI's impacts, strengths, challenges and opportunities for improvement.ⁱⁱ

"CLI gave me permission to step up as a leader using my own unique style. I am now full of confidence that I have what it takes to be a leader in the community clinics movement."

—CLI Participant

THIS BRIEF

This brief describes the CLI program and its participants as well as key findings and learnings from the inaugural cohort of the program that trained 25 participants representing a diverse group of clinic staff across California. Although the learnings from CLI can be applied to the nonprofit sector more broadly, the primary audiences for this brief are individuals and organizations who are in key positions to support next generation community clinic leaders. This includes clinic CEOs and executive staff, statewide and regional clinic networks, and external individuals and groups that provide a variety of leadership supports to the clinics field (e.g., technical assistance providers, training groups).



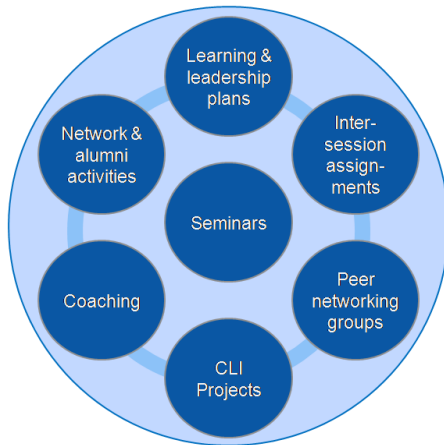
clinic
leadership
institute

A Project of Blue Shield
of California Foundation

THE CLI PROGRAM MODEL

The CLI program model incorporates a combination of experiential and hands-on activities and engages participants through a variety of learning modalities in individual and group settings. While six in-person seminars are at the heart of the program, CLI incorporates a continuum of complementary supports to help participants deepen, apply and integrate learnings (Exhibit 1).

Exhibit 1
CLI Program Components



Participants value the specific CLI components for a variety of reasons:

- **CLI’s high-caliber seminar curriculum focuses on a comprehensive suite of leadership competencies, which are vital to strong leadership (Exhibit 2).** The seminars bolster participants’ knowledge and leadership skills through instruction, clinic-specific examples, group problem solving and role playing.

Exhibit 2
Curriculum Focus Areas

- Leadership and decision making
- Organizational values and behaviors
- Strategic thinking and action
- Relationship management and diversity
- Business acumen and financial management
- Organizational improvement and data-driven decision making

- **Learning and leadership development plans guide participants through the CLI program.** Personal assessments provide insight into strengths and areas for improvement, which participants use to create individualized learning and development plans with input from CLI staff and coaches.
- **Inter-session assignments prepare participants for upcoming seminars.** Between seminars, CLI assigns approximately three hours of inter-session work per week (e.g., readings, webinars, meetings with colleagues) for additional knowledge and skill development.
- **Peer networking groups facilitate intimate peer connections, learning and support.** Groups of approximately five participants meet together throughout the program with a group advisor to share successes, challenges and program learnings.
- **Customized leadership projects (CLI Projects) allow participants to apply skills to benefit their organizations as well as themselves.** Participants undertake projects that they can implement at their clinics to address goals in their individual leadership plans and the needs of their organizations.
- **Coaching provides personal, customized and confidential support.** Each participant has access to nine hours of one-on-one coaching during the program and six hours after graduation. For many participants, this is their first experience with professional coaching.
- **Networking and alumni activities provide structure for ongoing connections and learning.** Participants have opportunities to engage in networking and alumni activities with fellow participants across CLI cohorts as well as with other colleagues.

“CLI is so thoughtful in putting together the different components that the overall program becomes a very rich package.”

—Colleague of CLI Participant

“CLI brings people together with different strengths and different levels of experience.”

—Colleague of CLI Participant

PARTICIPANT SELECTION

CLI selects a diverse group of participants who are prepared to engage in the intensive leadership program. They specifically recruit applicants who currently hold a management or supervisory role, have at least three years’ experience in the clinics field, are committed to their own leadership development as well as the clinics field, exhibit an openness to learning, and are willing to engage in the CLI alumni network. They also request that organizational leaders nominate prospective participants who are seen as next generation leaders. Exhibit 3 highlights the experience of one CLI participant who exhibits each of these recruitment qualifications.

CLI’s commitment to building a diverse cohort of participants is evident in the composition of its inaugural cohort. Participants represent a range of racial and ethnic groups, educational degrees and positions within their organizations (e.g., Department Director, Clinic Site Manager, Deputy Director). On average, participants have a substantial amount of experience working in the clinics field (nine years), in a management or supervisory position (nine years) and at their current clinic (eight years).

Participants’ clinics represent a range of types, sizes and locations from across the state. All participants work at clinics or clinic networks, most commonly at clinics with a Federally Qualified Health Center (FQHC) designation. Participants’ clinics vary dramatically in size as measured by annual operating budgets and number of employees.

“I have met people in different roles who work at different types of clinics.... The deep diversity that we are exposed to through CLI is really valuable.”

—CLI Participant

Exhibit 3

Participant Spotlight on Ginger Smith from Golden Valley Health Centers



Over the course of 15 years, Ginger Smith has earned five promotions at Golden Valley Health Centers (GVHC), most recently becoming the Chief Site Administrator in 2007. To further enhance her leadership skills and trajectory, Smith joined CLI in 2008. While Smith can point to many ways in which CLI helped her become more effective in her new leadership role, one of the most significant learnings was how to delegate responsibilities more effectively while supporting the development of staff. After attending CLI, Smith now has a more balanced workload and regularly mentors her staff, often modeling techniques she learned at CLI such as developing career goals and holding quarterly meetings to reflect on progress.

Smith was given another opportunity to hone her delegation skills while implementing her CLI Project. She chose to establish a centralized appointment call center to enhance the organization’s management of a high volume of appointment calls while also improving and standardizing customer service. To launch the project, Smith secured relevant buy-in and support from her colleagues on GVHC’s senior leadership team and then assembled a project management taskforce to assist with its implementation. The new centralized call center went live with the six clinic sites participating in the pilot phase. Though the call center is still in its early stages, Smith and her colleagues are optimistic about its future impact on the organization, particularly when the project is rolled out to all 26 GVHC sites. Mike Sullivan, CEO of GVHC, recognizes Smith’s leadership growth: “Thanks to CLI, there is a new generation of leaders developing at community health centers. Ginger will be one of these leaders.”

STRONGER CLINIC LEADERS

Overall, improvements among participants in CLI's inaugural cohort mirror the program's curriculum focus areas as described in Exhibit 2. Both participants and their colleagues credit CLI as a key contributor to improvements in participants' knowledge, skills and confidence, as highlighted below.

- **Knowledge:** Through CLI, participants have gained greater knowledge and understanding about the history of the clinics movement, the unique role of clinics in the broader healthcare safety net, the changing healthcare system and the differences between management and leadership.
- **Skills:** Participants have increased their leadership skills and effectiveness. They have a broader organizational perspective, become more effective communicators and improved their ability to manage staff and delegate. They are also overseeing projects and organizational processes more effectively and forming more productive and collegial relationships with others.
- **Confidence:** CLI has improved participants' confidence as leaders, which is evidenced by their growing ability to move beyond their professional "comfort zones" and assert themselves as leaders (e.g., voicing their opinions, interacting with high-level field leaders). The CLI experience has elevated participants' perceptions of themselves and enhanced the perception of their competence and credibility among their colleagues.



As a result of leadership development among individual participants, the program expects to impact organizations and the community clinics field over time. As seen in the inaugural cohort, organizational improvements primarily occur through participants' implementation of their CLI Projects (Exhibit 4). However, it is anticipated that additional impacts will accrue as participants have more time to exert their enhanced leadership skills within their organizations and as additional cohorts of participants take part in the program.

Exhibit 4 Examples of CLI Projects

- **Improving clinic efficiency** by establishing appointment call centers and implementing new patient record and disease tracking systems
- **Expanding access to care** by establishing a promotora program and increasing patient visits and exams
- **Engaging in organizational or program planning** by developing board committees and conducting landscape analyses
- **Enhancing financial sustainability** by implementing a third-party billing structure and increasing external funding
- **Focusing on staff satisfaction and development** by piloting an employee wellness program and beginning staff recognition awards

"I am more knowledgeable about the overall picture within the clinic, not just the operations department. CLI's seminars and being in a cohort of peers with different titles and perspectives helped bring about this awareness."

—CLI Participant

ENHANCED NETWORKING

CLI has produced not simply more networking, but better networking by helping participants improve the depth, diversity and size of their networks. Participants and their colleagues view CLI's networking opportunities as a key benefit of the program—one that enhances an essential component of strong clinic leadership.

Participants most commonly interact with peers from their own CLI cohort; however, they also take advantage of opportunities to network with CLI staff and faculty as well as other colleagues in the clinics field. Through their expanded networks participants have greater access to:

- Peer support and validation, which helps to build a sense of camaraderie and reduces feelings of isolation in leadership roles;
- Different perspectives among individuals holding a wide range of clinic positions and working in different clinic types and sizes; and
- Information, resources and tools that help avoid “reinventing the wheel” (e.g., technological advice, administrative policies and procedures, board materials).

“Sometimes people get myopic in their organization, but CLI connects them with colleagues from all over California and gives them new perspectives.”

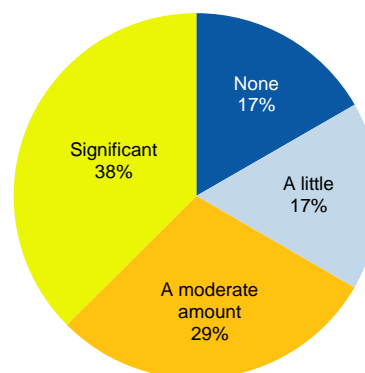
—Colleague of a CLI Participant

ROLES, RESPONSIBILITIES & CAREER PATHS

Most participants in the inaugural cohort have assumed more senior roles and/or greater responsibilities since beginning CLI (Exhibit 5). In fact, more than one-quarter of these participants have received formal promotions. Regardless of their position, the majority of participants have assumed greater job responsibilities such as taking on new supervisory roles, interacting more often with

senior leadership teams, leading organizational changes, taking on public speaking engagements and engaging in policy advocacy efforts. The majority of participants are also receiving higher pay due to promotions or merit increases since beginning CLI, which is impressive given the current economic situation.

Exhibit 5
Extent of Growth in Participants' Job Responsibilities Since CLI Began



Generally, participants in CLI's inaugural cohort are optimistic about their future and committed to staying in the clinics field; however, they are not always clear about their specific career path. Many participants desire to hold a more senior clinic position in the future, either as a CEO or other senior executive (e.g., Chief Operations Officer, Deputy CEO). At the same time, they note a variety of concerns related to work-life balance, seemingly unrealistic demands of many senior positions and the availability of such positions.

Most participants also note their desire to stay at their current clinic. However, without appealing opportunities for advancement, they will consider job offers at other clinics, in the broader healthcare safety net or as external advisors to the clinics field (e.g., consultants, coaches, teachers).

“My clinic gained a more confident, insightful leader with significantly better public speaking and collaboration skills. Now if we can only put me in a position to flex those muscles appropriately for the benefit of the clinic.”

—CLI Participant

NAVIGATING CHALLENGES

To varying degrees, participants in CLI's inaugural cohort have faced a variety of challenges while working to enhance their leadership both during and following their participation in the program. They note the three key challenges summarized below, which are common among next generation leaders in the clinics field as well as the broader nonprofit sector. These challenges have a range of implications not only for participants' growth and leadership, but also for the strength and leadership of their organizations more broadly.

- **Work-life balance and time management:** Participants experience challenges juggling CLI responsibilities on top of an already full work schedule. They report ongoing difficulties finding time to strategically apply and share what they learn in CLI. Sometimes this challenge is accentuated by personal circumstances, including those related to next generation leaders' stage of life (e.g., raising young children, caring for parents).
- **Perception of participants as effective leaders:** Participants report that they need more time, experience and growth to become truly effective leaders, embrace this identity and be seen as leaders among their colleagues. While participants continue to experience difficulties in establishing credibility and gaining their colleagues' buy-in and support, skills learned in CLI help them to overcome these challenges.
- **Organizational issues:** Participants are likely to encounter organizational-level barriers when translating their learning into action. The most common organizational challenges include obtaining access to CEOs (e.g., to discuss and facilitate professional development and organizational change); having opportunities for greater responsibilities and upward mobility; influencing complicated systems; overcoming resistance to change; and dealing with organizational crises.



SUPPORTING NEXT GENERATION LEADERS

Overall, participants, colleagues and stakeholders are highly satisfied and impressed with CLI, from a conceptual standpoint down to the nuts and bolts of its implementation. A key strength of the program is that it focuses on an important need to develop a diverse network of next generation leaders to help sustain a vibrant clinics field.

While CLI is grounded in the history and day-to-day work of clinics, it provides high-quality training and rich opportunities that surpass the capacity and resources of most individual clinics or clinic networks. CLI is calibrated at an appropriate level overall for next generation clinic leaders and effectively builds and capitalizes upon the skills, attributes and readiness for growth that participants bring to the program. This is not easy to do, especially given the different starting points of CLI participants as they enter the program. CLI staff continue to apply their own learnings and those from the evaluation to refine the program (e.g., adding new areas of focus, assisting CLI participants in applying their learnings at their organizations).

Based on the lessons learned from the implementation and outcomes of CLI to date, we offer the following considerations for individuals and organizations that support next generation leaders in the clinics field.

1. **Define and encourage movement along career paths.** Identify and discuss opportunities for next generation leaders to assume greater responsibilities and upward mobility within the clinic. For example, clarify criteria for job promotions, hold periodic conversations about career goals with staff and develop succession plans for senior leadership positions.

2. **Encourage shared leadership.** Determine opportunities for greater shared leadership among next generation and senior leaders (e.g., co-directing initiatives, shifting the distribution of external and internal leadership responsibilities). Prioritize areas in which better distribution of responsibilities and accountability can help to alleviate overwhelming workloads among senior leaders.
3. **Determine ways to link leadership development efforts to organizational improvements.** Promote tangible ways that next generation leaders can build and refine their leadership skills while also increasing the efficiency or effectiveness of the clinic. For instance, assign next generation leaders responsibilities for overseeing existing or initiating new discrete organizational projects (e.g., strategic plan updates, new technology implementation).
4. **Provide dedicated time for mentoring and support.** As next generation leaders take on new, and often more difficult responsibilities, set aside time to talk about challenges and successes. Hold regular check-ins, share helpful resources and promote an open-door policy to encourage next generation leaders to ask for assistance and receive support from more tenured leaders.
5. **Identify external leadership supports to complement professional development opportunities within the clinic.** Consider nominating next generation leaders for training opportunities such as CLI, or hiring a professional coach to assist them as they take on greater leadership responsibilities. Encourage recipients of these supports to share learnings with colleagues to benefit the organization overall (e.g., staff meeting reports, coaching supervisees).
6. **Encourage participation in local, regional and state networks and projects.** Identify ways for next generation leaders to take on leadership roles external to their clinic (e.g., California Primary Care Association committees, policy advocacy efforts, disease collaboratives). Determine the ways that these roles can benefit the clinic as well as the participating leader (e.g., greater visibility, connections and sharing of resources).

7. **Promote the need for field-wide leadership cultivation.** While acknowledging the potential risk of losing next generation leaders to other organizations, focus on the benefits of building a pool of strong leaders that clinics can draw upon when needed. Encourage cross organization discussions about ways to promote career paths throughout the clinics field.

“As clinic directors are nominating people for CLI, it is forcing them to think about leadership and professional development—not just hiring someone to do their job well but creating future opportunities too.”

—CLI Participant

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- i Howard, K.A., Lepore Dube, S., & Tirona, M. (2009). *Community Clinic Leadership in California: The State of the Field and Implications for the Future*. Berkeley, CA: BTW Consultants, Inc. and CompassPoint Nonprofit Services.
 - Tirona, M., Howard, K.A., & Lepore Dube, S. (2009). *The Pipeline Promise: A Study of Emerging Leaders in California Community Clinics*. Berkeley, CA: CompassPoint Nonprofit Services and BTW Consultants, Inc.
 - Cornelius, M., Corvington, P., & Ruesga, A. (2008). *Ready to Lead? Next Generation Leaders Speak Out*. San Francisco, CA: CompassPoint Nonprofit Services.
 - Bell, J., Moyers, R., & Wolfred, T. (2006). *Daring to Lead 2006: A National Study of Nonprofit Leadership*. San Francisco, CA: CompassPoint Nonprofit Services.
 - ii From mid-2008 through early 2010, BTW collected data from a variety of individuals (i.e., CLI participants from the inaugural cohort, a selection of their colleagues, CLI staff, key stakeholders) to obtain multiple perspectives about CLI. BTW gathered these data through 2 online surveys administered to 25 participants and 67 colleagues (96% and 82% response rate, respectively), 55 telephone interviews during and after the program and 2 focus groups with a total of 15 participants, 4 seminar and meeting observations and a review of key documents. Currently, CLI is administering the program to their third cohort and recruiting participants for their fourth cohort. CLI’s experience with the inaugural cohort and subsequent ones are being captured in ongoing data collection efforts and will be highlighted in future CLI evaluation products.



This issue brief, *Strengthening the Leadership Pipeline*, was produced in October 2010 by Kim Ammann Howard, Regina Sheridan and Kris Helé at BTW *informing change*. It is based on a more extensive evaluation report, *Advancing the Next Generation of Community Clinic Leaders*. The photographs in this document are from Phil Channing.

For more information about BTW or the evaluation,
contact Kim Ammann Howard at kahoward@btw.informingchange.com.

For more information about the Clinic Leadership Institute,
contact Melissa Knox at clinicleadership@thecenter.ucsf.edu.