Supervisor to Manager to Leader – What is the role of your management team?”

Presented by:

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• **David Lloyd**, Founder of MTM Services is the author of three books
  - *How to Maximize Service Capacity*,
  - *How to Deliver Accountable Care*
  - *Leadership Skills to Support High Functioning Teams* and
  - Co-author of *Operationalizing Healthcare Reform*
• Provided training and consultation to over 800 CBHCs nationally since 1993
• Mr. Lloyd has developed service delivery process models, principles and solutions on how CBHCs can deliver “Value-Based” accountable care.
1. “What are some of the strategies to be effective in a toxic environment where the leaders are not Peter Senge’s learning organization oriented?” (Peter Senge, MIT Sloan School of Management – focus on horizontal focused systems change)

**RESPONSE:** The answer to this question will be the overarching focus for today’s webinar.
Current Practice Management Challenges Community Providers are Facing...

1. Accommodating reduced and shared-risk funding
2. **Operating as a vertical silo based “loosely-held federation of private practices”** instead of a horizontal focused systems learning specialty group practice model
3. Timely access to treatment
4. **Clinically trained managers tend to have a “therapeutic-like relationship” with their staff which results in low accountability regard staffs’ performance, behaviors and attitudes**
5. Ability to measure if clients are “getting better”
6. Lack of an ability to present an objective “business case” to support collaborations/partnering with other healthcare providers
Biggest Challenge Facing Behavioral Health in Healthcare Reform Era

- “Willingness for BH leaders to continually step across the Threshold of Risk to make bold and creative decisions about service delivery processes/methods!”

- Need to make timely CQI based “tough” decisions in an era of transformational change and stick with the decisions in the face of challenge..

- What tools are needed to support minimizing the leadership decision-making “risks”?

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Processing Crisis Vs. Managing Change Model

1. **Supervisor:** Reactive and Retrospective Problem Solver Role, therefore, he/she Processes Crisis

2. **Manager:** Dynamic Awareness of Current Issues that Provides Proactive Solution-Focused Decision-Making, therefore she/he Manages Complexities

3. **Leader/Coach/Mentor:** Possess Dynamic Awareness and Uses this information to envision possibilities for the organization, therefore he/she Manages/Sustains Change
Question Submitted by Attendee Prior to the Webinar

1. “Is there a way to assess who among my staff is more likely to be averse to change?”

**RESPONSE ONE:** “Galvanized” managers and staff members must be identified before selection of staff to participate in the change initiative.
RESPONSE TWO: Spectrum of Disruptive Manager and/or Staff Behaviors that Create Barriers to Change Implementation

1. **Aggressive Behaviors**:  
   - Inappropriate anger/threats  
   - Yelling publicly, disrespecting team members  
   - Intimidating fellow staff

2. **Passive Aggressive Behaviors**:  
   - Hostile Notes and e-mails  
   - Derogatory comments about center, management team, board  
   - Complaining, blaming

3. **Passive Behaviors**:  
   - Chronically late  
   - Failure to return calls or answer emails timely  
   - Avoiding meetings or individuals  
   - Non-Participation  
   - Ill prepared, not prepared  
   - Chronic excuses

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Question Submitted by Attendee
Prior to the Webinar

1. “What is the best way to handle staff that aren’t open to change without negatively impacting the morale of the rest of staff?”
Stages of Staff and Manager Acceptance of the Need to Change and Leadership “Blinking”

1. Denial
2. Negotiation (This approach by supervisors “pushes” staff to change)
3. Anxiety/Anger – Blaming – Outside then Inside
4. Drop Out – “It’s Awful!”
5. Acceptance of the Need to Change
6. Excited about the taking advantage of the opportunities (This approach by managers “pulls” staff through the process of acceptance)
Questions Submitted by Attendees Prior to the Webinar

1. “My team is used to a consensus decision-making process, how can I effectively lay the groundwork for changing this?”

2. “I am currently in middle management. The leadership at my organization are big fans on involving everyone in most decisions. This causes delays in important processes being implemented. Thoughts on if there is something I can do to influence leadership?”
# Use Data to Measure Effectiveness of Current Change Model

## Change Management and Decision Making Survey:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the organization use a formalized annual planning process to identify annual and long term goals?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If YES, what percent of the goals/objectives incorporated into the FY2009 have been accomplished (meaning fully implemented)?</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>2. Has the organization used rapid cycle change management processes (Plan, Do, Study, Act)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If YES, what percent of the goals/objectives incorporated into last rapid cycle change plan have been fully implemented?</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>3. The organization develops a change management plan quickly and moves forward with timely decision-making about the solutions needed.</td>
<td>True</td>
<td>False</td>
</tr>
<tr>
<td>If FALSE, what is a more accurate statement:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. When a decision is made to change, the organization acts quickly to fully implement the change.</td>
<td>True</td>
<td>False</td>
</tr>
<tr>
<td>If FALSE, what is a more accurate statement:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. When change is implemented, staff members in the organization rarely retreat to the way things were done prior to the change.</td>
<td>True</td>
<td>False</td>
</tr>
<tr>
<td>If FALSE, what is a more accurate statement:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. The organization does a great job evaluating changes implemented and modifying the changes as needed to ensure positive outcomes.</td>
<td>True</td>
<td>False</td>
</tr>
<tr>
<td>If FALSE, what is a more accurate statement:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Staff members participating in the change process feel fully empowered through a sense of attainment based on the scope and timeliness of the decisions being made.</td>
<td>True</td>
<td>False</td>
</tr>
<tr>
<td>If FALSE, what is a more accurate statement:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Rate (from 1 to 10) the ease with which the organization implements change in <strong>areas of clinical practice</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy (1) ......................Difficult (10)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Rate (from 1 to 10) how quickly the organization implements changes in <strong>clinical practices/standards</strong>?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid (1) ......................Failure (10)</td>
<td></td>
<td></td>
</tr>
</tbody>
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Consensus Processing Model = Staff and Organization Level Disempowerment

- Consensus building focus is a good clinical skill that social workers are taught to use when working their clients/families.

- However, the consensus model of decision-making in CBHCs produces disempowerment for the project team members and the organization due to elongated planning/discussion phase (PDSA rapid cycle change management) which seldom produces timely implementation.

- Consensus decision-making creates staff change fatigue due to staff feeling like the organization will never actually change, but they keep meeting to discuss the need for change.

- “What did I accomplish in the past two-hour meeting?”

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Sea Level is Where The Organization Changes

- “Sea Level” is the objective level where staff, managers, and leaders NEED to reside to support objective decision-making, compliance, etc. and this is where solution design and implementation of change will occur...

- 10,000 to 20,000 feet above sea level is where consensus decision-making resides which primarily focuses on subjective philosophical concepts, personal opinions, anecdotal information where many a large number of staff members gather to process the challenges of the need to change. When change initiatives are focused on consensus process the subjective “what ifs” become too weighty to implement...
Historical Strategic Change Challenges...

1. **Sequential Change** – Complete one goal and then address next goal, etc.

2. **Quality Improvement Process Focus (QI)** – Typically Supports Process/Lack of Forward Movement/Attainment

   Vs.

4. **“Transformational Change”** – Continuous change management model using Rapid Cycle Change Model (PDSA)

5. **Continuous Quality Improvement Solution Focus (CQI)** – Implies Movement Forward/Action Has Happened to Provide Continuous Improvement

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Supervisor Model “Committee of the Whole” Vs. Delegated Authority Manager/Leader Model

“Committee of the Whole” Change Model:
1. Sequential Change Model (one change goal at a time)
2. QI – Discussion focused on “What if’s” not implementation action
3. “Galvanized Team Members” extend the planning phase because decisions are made by “consensus of all gathered”
4. Collective Authority does not support Individual Responsibility Levels

Delegated Authority Change Model:
1. Transformational Change Model (multiple change goals at the same time)
2. CQI – Action based implementation to identify additional change needs
3. 70% Majority Decision-Making addresses “Galvanized Team Members” challenge
4. Individual Authority is given to match the level of Individual Responsibility

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The following decision-making process will be utilized at all levels of the organization:

- Primary emphasis will be placed on gaining consensus and support from all stakeholders.
- Preliminary straw votes will be taken to determine the position of members of Project Teams and Focus Groups on specific issues/initiatives.
- If consensus cannot be reached in a reasonable time frame, then a final vote will be taken with a super majority (70% of members attending the meeting) being required to act on any issues/initiative that needs leadership.
- The minutes will accurately reflect the vote of members.
1. “What level of staff and how many staff would you recommend be involved in staffing decisions?”
Response to How Many Staff Should be Involved...

5. Delegation Model is essential to support CQI based transformational plans with multiple goals being addressed at the same time. Very different than the historical “committee of the whole” decision-making model that supported sequential change.

6. Select Project Manager for each strategic Goal in the plan. Each project manager will be provided written authority from the CEO/Executive Director to match the responsibility being given to her/him as the project manager.

7. Select **four to five** Project Team members for each Goal based on their knowledge of the subject matter of the Goal and their involvement in the current processes that will provide a baseline of current operations/clinical process data that will support solution development.
Questions?