

Transformational Change Requires Transformational Leadership



Presented by:

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Faculty Presenter:

- **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.



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 and funders such as ACOs

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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”?



Historical Strategic Change Challenges...

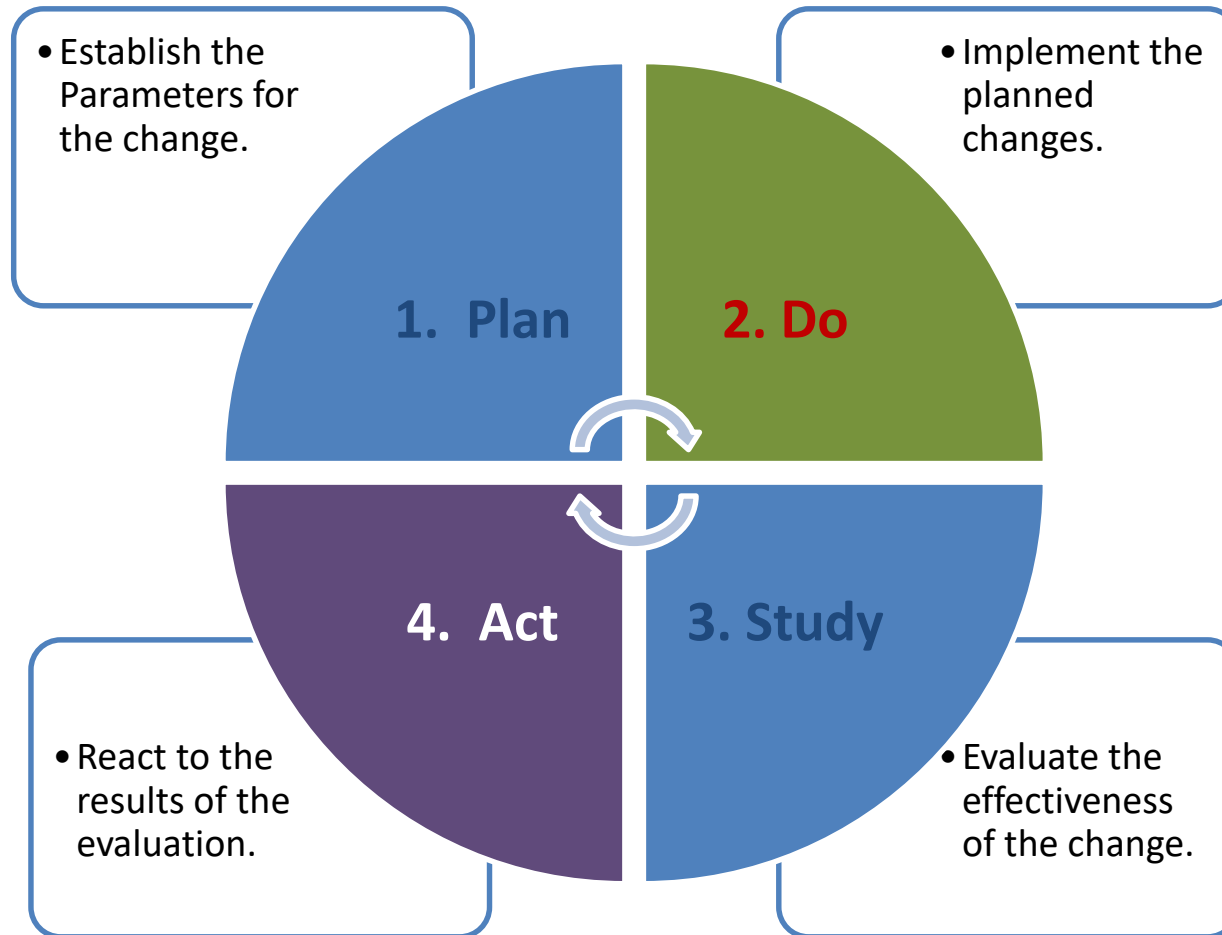
1. **Sequential Change** – Complete one goal and then address next goal, etc.
2. **Quality Improvement Process Focus (QI)** – Typically Supports Process/Lack of Forward Movement/ Attainment

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



Rapid Cycle Improvement - Plan Do Study Act (PDSA) Cycles



The Deming Cycle, Deming's wheel, or the PDSA cycle is a long time utilized continuous quality improvement change philosophy created as part of W. Edwards Deming's Total Quality Management process (TQM) in the 1950's. Deming's work was based off of the Plan, Do and See cycle created by Mr. Walter A. Shewart in the 1920's, and has created successful change initiatives across multiple industries.

CQI Implementation Process Reality

- CQI implementation process seems MESSY...
- CQI implementation process means creating additional solutions to challenges on the fly...
- CQI implementation process **creates more risk for managers..**



Processing Crisis Vs. Managing Transformational 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**



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)



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



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 ifs” 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



Use Data to Measure Effectiveness of Current Change Model

Change Management and Decision Making Survey:		
1. Does the organization use a formalized annual planning process to identify annual and long term goals?	↑ <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what percent of the goals/objectives incorporated into the FY2009 have been accomplished (meaning fully implemented)? %
2. Has the organization used rapid cycle change management processes (Plan, Do, Study, Act)?	↑ <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what percent of the goals/objectives incorporated into last rapid cycle change plan have been fully implemented? %
3. The organization develops a change management plan quickly and moves forward with timely decision-making about the solutions needed.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE, what is a more accurate statement:
4. When a decision is made to change, the organization acts quickly to fully implement the change.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE, what is a more accurate statement:
5. When change is implemented, staff members in the organization rarely retreat to the way things were done prior to the change.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE, what is a more accurate statement:
6. The organization does a great job evaluating changes implemented and modifying the changes as needed to ensure positive outcomes.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE, what is a more accurate statement:
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.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE, what is a more accurate statement:
8. Rate (from 1 to 10) the ease with which the organization implements change in areas of clinical practice		Easy (1).....Difficult (10)
9. Rate (from 1 to 10) how quickly the organization implements changes in clinical practices/standards?		Rapid (1)Failure (10)



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?”



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...**



Transformational Change Implementation Project Management Support Outline

1. Establish timeline for completion of each Goal based on the prioritized needs within your CCBHC
2. Identify the Project Teams Decision-Making Process, standardized meeting minutes format and Project Team Recommendation Form that each team will use



Establish A Time Line to Implement Changes

The scope of the initiative includes eight development phases within the timeline indicated below:

Development Phases	Aug. - Sept 2005	Oct. 2005	Nov. 2005	Dec. 2005 – Feb. 2006	March 2006 - April 2006	May 2006
	Phase One			Phase Two	Phase Three	
A. Family Service & Community Mental Health Center Develops Initial Scope of Work and Project Timelines	█					
B. Approve Final Project Management Plan, Scope of Work and Timeline	█					
C. Constitute Project Teams for each Deliverable	█					
D. Provide Project Orientation of All Team Members	█					
E. Data Collection and Measurement Period		█	█			
F. Project Teams Design and Develop Solution based Recommendations				█		
G. Piloting of Recommendations and Implementation/Training Strategies					█	
H. Evaluation of all changes						█

“Sea Level” Decision-Making Process to Support Transformational Change

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.



Transformational Change Implementation Project Management Support Outline

3. **“Galvanized”** Managers and staff members Challenge must be identified before selection of staff to participate in the initiative

A **“Galvanized”** staff person can be identified by the fact that on any particular topic of change needed (e.g., moving to Same Day Access) you and the other staff members working with the galvanized staff person knows what position they will have before they speak.



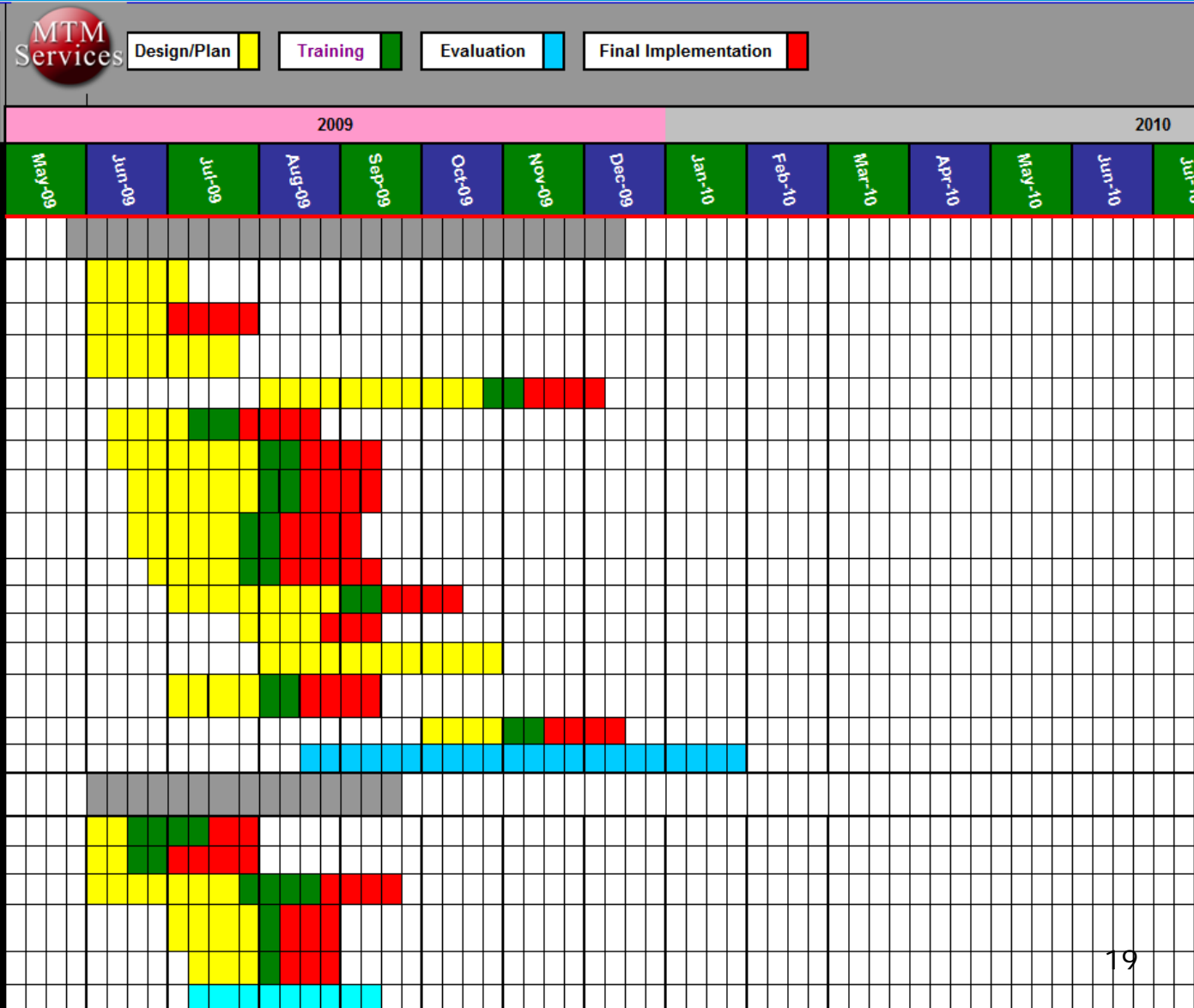
Transformational Change Implementation Project Management Support Outline

4. 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
5. 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
6. 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





Version: September 23, 2009	
Sample CCBHC Rapid Cycle Plan	
Enhanced Access and Engagement Initiative	
Implementation Scope of Work and Timeline	
Scope of Work Tasks	
1	Enhance Access to Services
▶	Define scheduling needs in urban and rural regions and illuminate differences
▶	Involve clients and family feedback to improve access (be person centered)
▶	Design Clinical and Medical Intake Services (Access)/Centralized scheduling
▶	Develop and implement plan for increasing B3 Service Volume
▶	Standardize reminder call, waitlist, and appt backfill procedures
▶	Develop clinical and medical capacity for post-intake services
▶	Develop and implement plan for "immediate access" or "Walk-in" Intake and what that means in most rural sites.
▶	Develop implement plan for initial verification of benefits and continual Reverification
▶	Review and redesign "client assignment staffing" and follow up
▶	Determine feasibility of implementing centralized phone intake
▶	Modify and implement intake paperwork completed by client and staff
▶	Staff engagement in change process (coaching & supervision techniques)
▶	Develop linked clinical and medical services to manage intake and on-going No Show/Cancellations
▶	Develop customer service expectations and strategies for clinical staff
▶	Evaluation of Action Steps Implemented for Possible Redesign
2	Enhance Staff Direct Service Levels
▶	Implement revised CFTE process
▶	Confirm billable services to be included in Productivity (billable encounters)
▶	Implement Business Staff Productivity and Staffing Levels
▶	Validate staff available time exists in Scheduler to meet Productivity standard. <u>Centralized Scheduling</u>
▶	Distribute Productivity Report to Directors monthly
▶	Evaluation of Action Steps Implemented for Possible Redesign



Our Challenge in Implementation of Change...

- How to appropriately blend the hard and soft sides of change...
 - **Hard Side:** Decision-making process, project teams, use of transformational change plans, etc.
 - **Soft Side:** Managers and leaders are at step 6 on the change acceptance curve to pull staff through the emotional part of change and coaching staff to meet the new performance requirements.
- How to stay focused and supportive as a management team...
- How to continue to stay objectively focused on the implementation plan when all about you are emoting...



Questions?

